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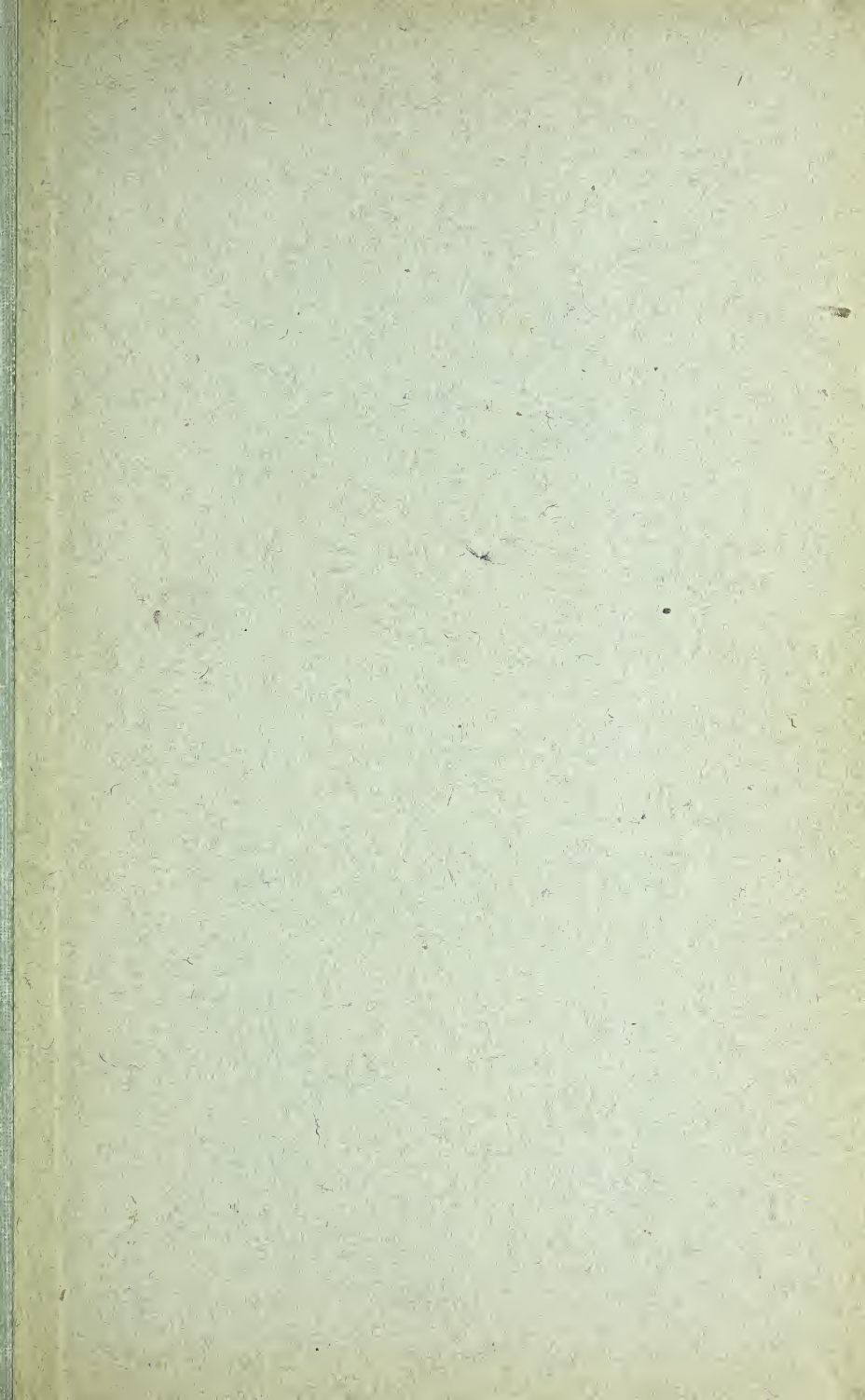
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OF THE ALUMNI OF RUSH MEDICAL COLLEGE

Volume IV

SEPTEMBER, 1907

No. 1

Published Monthly

B. M. LINNELL, Editor - - - - 100 State Street, CHICAGO, ILL.

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TREASURER—David Fiske, '00, 100 State St.	Chicago, Ill.
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WHAT ADVICE SHOULD BE GIVEN TO THE PROSPECTIVE STUDENT OF MEDICINE AS TO HIS PREPARATION THEREFOR?

A COMMUNICATION TO PRINCIPALS OF HIGH SCHOOLS, ACADEMIES AND SEMINARIES.

To the young man who has determined upon a professional career, the first, and one of the most important questions to be de-

cided is this: "What preparation is essential in order that one may enter upon the study of the professional subjects with adequate intelligence and grasp?" Upon its correct answer hangs, in large measure, his success. While in all ages the more thorough one's preparation the greater have been his chances for success, the degree to which success may be attained, with preparation only partially adequate, varies with the conditions of the time.

In the profession of medicine these conditions have changed enormously in the last few years, and so rapidly, too, that many, even among the physicians themselves, do not realize the magnitude of the change. The education, which even the best trained physicians found sufficient twenty or twenty-five years ago, would be totally inadequate at the present day. Within that period medicine has made more progress in the direction of scientific exactitude than in all the previous centuries. Moreover, the rapid increase in the number of medical colleges (numbering now nearly 170 in the United States) with their excessive output of medical graduates (over 5,500 annually for the last four or five years) has led to an overcrowding of the profession. According to the most recent reliable statistics, the practicing physicians in this country number nearly 130,000, or one to about every 600 of the population, a ratio almost double that existing in any other country in the world. This condition, coupled with the fact that nearly all of the inhabitable regions of the United States are already occupied, wherefore new cities and villages are not daily springing into existence as was the case twenty years ago, has made the competition in the medical profession very intense, and it is rapidly becoming more so. It is estimated that from 2,500 to 3,000 new physicians annually would abundantly suffice to replace those removed by death or disability, and, at the same time, to supply the increased demand created by the growth of population. Not less than 3,000 new doctors, therefore, are being annually poured into the ranks of the profession in excess of the demand. It requires no seer of supernatural prescience to foresee that under such conditions a large number of the young men now entering upon the practice of medicine are predestined to failure. Equally certain it is that, for the most part, the failures will be among those whose preparation and training are the least thorough. To those who do fail, and who find themselves two, three, four or five or more years after entering into practice unable

to make a living, unequal to the task of competing with the better trained physicians about them, the disaster is especially serious, because the loss to one abandoning the medical profession is so great. The technical education and training of almost any other profession is more available for use in other lines than is that of the physician. The lawyer, the engineer, even the minister, if he abandon his own calling, finds a good part of his education useful in other lines, but with the physician this is not so, and, therefore, when he leaves the practice of medicine he must sacrifice a capital representing years of hard grinding study, years, too, taken from the most important period of his life. It is of vital importance, therefore, that the physician should forestall failure by as thorough preparation for his profession as possible.

What constitutes an adequate pre-medical education, and how much time should it require?

First. English. The ability to express one's self clearly and forcibly, in terse grammatical English. This is a *sine qua non*. Such ability can only be acquired by a study of grammar and rhetoric, a considerable reading of the best English authors, and a good deal of practice in composition. Such a course should extend over a four-year high school course, and at least one year in college.

Second. In mathematics. Algebra, through quadratics; geometry (at least plane geometry), trigonometry (indispensable to the study of physics) are essential, while a knowledge of calculus and higher algebra is of advantage.

Third. Latin. The equivalent of six books of Caesar's Gallic War, with the corresponding knowledge of grammar and composition, is demanded by statute in some states as an essential prerequisite.

Fourth. German and French. A reading knowledge of one (better both) of these languages is regarded by all the leading medical educators as indispensable to the efficient study of medicine and the progressive medical man. Such a knowledge is not usually to be acquired in the high school, and then only by displacing some other study.

Fifth. Physics. A fairly comprehensive knowledge of physics, especially molecular physics, sound, light and electricity, with a good laboratory training, is to-day quite indispensable to a clear understanding of many facts in physiology, pathology and the clini-

cal branches. A year of good high school work in physics should be followed by at least one semester (better one year) of college work after the student has had trigonometry.

Sixth.—Equally as fundamental and essential as physics to the medical branches is chemistry, and here the minimum ground to be covered requires more time, at least one and one-quarter years of college chemistry (inorganic, organic, qualitative and, if possible, quantitative analysis) being a minimum.

Seventh. Biology. Comprising a study of typical forms with dissection, a study of animal tissues and organs, with training in the use of the microscope, should be had by every student, and in addition, if possible, a course in vertebrate anatomy, before he enters upon the study of the more intricate and complicated structure of the human body. Such courses are very rarely offered in high school, and must be sought in a college or university.

Most important of all things is the *education*, the development and training of the faculties of the student, to the end that he become a capable, cultured man, a keen, accurate observer, and a clear, logical thinker.

The recent remarkable advances in the medical sciences have added far more to our resources in preventive medicine than to our ability to cure disease in the individual after it has once gained a foothold.

It may be safely asserted that if sanitary measures, based on our existing knowledge alone, could be made operative, several of the most dreaded and destructive diseases could be practically eliminated from the world. These measures can only be instituted, however, by municipal and legislative enactment, based upon, and backed by an enlightened, determined public opinion. The development of such a public sentiment and the procuring of such legislation must be inaugurated and in large measure carried out by the medical profession. The physician of the future—and of the near future—must be more than a mere care-taker of the sick, and his ability to educate the people in medical matters, to create public sentiment, and to secure a needed sanitary legislation, will depend far more upon his general education and culture than upon his technical training.

In view of these facts it may be strange that the medical colleges in this country have, up to the present time, demanded no more

than a high-school diploma (in many cases not even so much as this), as a prerequisite for admission to the medical course. It is strange, but a discussion of the reasons for this is not here essential. Fortunately, there is evidence that many of these institutions are soon to demand a more adequate preparation, and *all* schools will be obliged to do so, in the near future if their graduates are to be eligible to practice in several of the states. Six medical schools already exact the completion of two years or more of college work in addition to four years in the high school, as a requirement for admission. Over thirty additional schools have announced their intention to require at least one year of college work (in several cases, two years) by or before the commencement of the session of 1910-11.

Several of the State Medical Examining Boards, which have entire control of the matter of licensure to practice medicine in their respective states, have signified their purpose to refuse recognition to the diplomas issued by colleges after 1910 which do not require at least one year of college work for admission.

It is the earnest conviction of many of those who are engaged or interested in medical education, that the facts above detailed should be brought as promptly and emphatically as possible to the attention of all young men who intend to take up the study of medicine. No persons are more likely to come into contact with these prospective medical students to learn of their purpose, or to be in better position to advise them wisely, than are the principals and other teachers to whom this communication is addressed. If through your counsel such a student can be informed that before taking up the study of medicine, he should, if possible, complete, in a high-grade college or university, the course leading to a bachelor's degree, and that under no circumstances should he think of entering a medical college without at least two years of such work, including the specific branches above outlined, you will be rendering an important service in behalf of the medical profession, of the general public, and, above all, in the interests of the young man himself, whose future prosperity and happiness you may help to secure by preventing him from a disastrous blunder.

Many prospective medical students have a very vague comprehension of the preliminary education now demanded by first-class medical colleges in this country. As a result, when they present them-

selves as students, they are rejected for lack of preliminary training. This information usually comes too late for them to make amends, except at an expense of time and money which they either can not or will not make. This leads to their entering medical schools of low grade, thus tending to lower the standard of the medical profession, which is already too low.

It is our purpose to reach the prospective medical student during his preliminary training with a view to acquainting him with the demands that will be made upon him in his medical course. It is believed that by this plan we will be of service to the student, and also assist the medical colleges who are now endeavoring to maintain a high standard of medical education.

If you approve of this plan will you kindly assist by giving us the names of any of your pupils who contemplate the study of medicine to whom we will, from time to time, send literature giving them full information of the demands of the present, and with a further view of stimulating them to higher ideals in medicine.

Yours truly,

J. W. PETTIT, M.D., Ottawa, Ill.

T. C. CLARK, M.D., Stillwater, Minn.

A. L. CRAIG, M.D., Chicago, Ill.

Committee on Alumni Relations, Rush Medical College.

THE REPORT OF THE COMMITTEE ON ALUMNI RELATIONS.

We are publishing as the first article of the BULLETIN the letter which was sent out by the Committee to the Principals of High Schools, Academies and Seminaries of the West. This should form a part of the Committee's report, but it is such an excellent article and so well defines the position of Rush in regard to medical education that we have taken the liberty of publishing it as the first article of the BULLETIN.

MINUTES OF THE ANNUAL BUSINESS MEETING, JUNE 11, 1907.

The annual meeting was called to order at 6:30 p. m. at De Johnge's restaurant. Dr. Holbrook, president, was in the chair.

After roll call, the minutes of the last meeting were read and approved.

The treasurer's report was read, and an auditing committee, consisting of Parkes, '93, Kettlestrings and Bowman, were appointed to audit the treasurer's account.

The necrologist's report was read by Dr. A. L. Craig, '86. This was ordered to be placed on file and be published in THE BULLETIN. The secretary's report was then read and approved.

Dr. Weaver, chairman of the Fellowship Committee, reported that the money was not sufficient to support a Fellow during the last year, but hoped to secure one during the coming year.

The executive committee reported through Dr. D. Fiske, the chairman, Dr. Favill, being out of town. This committee reported that it was impracticable to secure, under the existing conditions, second-class rates for THE BULLETIN. It also reports the revised constitution herewith submitted for approval.

Special Committee of Alumni Relations, Dr. Pettit chairman, reported progress in the securing of new names of prospective medical students. He was able to report 700 names as having been secured, and was about to open correspondence with them. On motion of Dr. Bevan, the committee consisting of Dr. J. W. Pettit, Dr. Clarke and Dr. A. L. Craig, '78, were reappointed as a committee and recommended to continue the work so well begun.

At this time the meeting adjourned to the dining hall and the business was continued during the dinner.

A nominating committee, consisting of a member from each class present, was appointed by the chair, which adjourned for a short time, with Dr. Bouffleur as chairman and Dr. Rhodes as secretary. The committee reported that the nominations for the officers for the association were as follows: President, J. H. W. Meyers, '76; first vice-president, C. A. Armstrong, '87; second vice-president, W. E. Ham, '82; third vice-president, A. F. Stevenson, '98; necrologist, A. L. Craig, '78; treasurer, David Fiske, '00; secretary, B. M. Linnell, '93.

It was moved by Dr. Armstrong, seconded and carried that \$15 be allowed the secretary for clerical help during the last year.

It was moved and seconded that the association ask the executive committee to consider the following propositions for the coming year, with power to act:

First. The publication of THE BULLETIN once a month for ten months during the coming year, providing means can be obtained for publishing through advertising and other sources.

Second.* Some basis of organization of the State Alumni Association, with a committee especially appointed to have them in charge.

Third. The arrangement for a repetition of the two weeks of special courses and clinics for the alumni at the college at the next commencement week.

Fourth. Special arrangements by the committee for a large attendance next year due to the meeting of the American Medical Association being held at about the same time as the meeting of this association.

Fifth. Suggested by Dr. Meyers, president-elect, that a stenographer be present to record the remarks of the alumni and faculty at the next meeting of the association. This motion was carried.

Dr. Rosenow, our first Fellow, read a report of work done during the year. He has continued the work begun under our Fellowship fund but now as an appointee of the college.

The president presided in his inimitable style, and talks were given by many of the alumni and faculty present. Dr. Edwards of class '54 was the oldest alumnus present. He talked about the old days of Rush, going back to the very beginning of the college. Talks were given by Drs. Bridge, Billings, Hyde, Meyers, '76; Dodson, '82, Bevan, '83, Armstrong, '87, and many others of the alumni and faculty.

B. M. LINNELL, Secretary.

REPORT OF THE SECRETARY.

CHICAGO, ILL., June 11, 1907.

The secretary wishes to report that dues have been received during the year from 215 members, which makes our membership list, with funds received by the Fellowship Committee which we allow as dues where a dollar or more is received, about 300 or over. This is hard to estimate on account of duplicates which we have not sorted. The membership list has had a small increase. We still maintain that the association should number at least 1,000 members out of the 4,500 alumni whose addresses we have.

THE BULLETIN has appeared four times during the year as heretofore. A feature has been added in the publication in each number of a short clinic by one of the professors in the college. So far

we have taken two advertisements, which practically pays for the postage; we have another advertisement secured, and had hoped to have four or five pages of advertisements, but were unable to push this end of it very hard on account of the uncertainty of next year's publication. We would recommend that next year THE BULLETIN be published ten times during the year, and that the treasurer be a separate officer and have charge of the business management of THE BULLETIN. By securing more advertisements, the total cost of THE BULLETIN would be about the same next year as it has been for this. Dr. David Fiske has helped greatly in the business management of THE BULLETIN for the year, and Dr. Favill, Head and Simmons have aided in practical suggestions.

The revision of the constitution was turned over to the executive committee, and their report appears in the last BULLETIN and will be acted on at this meeting.

Reunions of the State Alumni have been held as heretofore, Illinois State, Rockford, May 22, a luncheon, 59 present; Indiana State, Indianapolis, May 24, 30 present; Iowa State, Cedar Rapids, May 15, about 120 present. There are a few state meetings yet to be held.

A new feature this year has been the starting of the two weeks' special courses and clinics for the alumni at the college, and this has attracted a greater number than usual of the older men. Next year the American Medical Association holds its annual meeting in Chicago, and a special effort should be made by this association to increase the interest and instruction in its own meeting and those of the American Medical Association. I would suggest that the executive committee be instructed to make special preparations, for the meeting next year will probably be the largest in our history.

The meetings of the State Alumni should be turned over to a committee especially appointed by this association. While the attendance this year has been as good as usual, in one or two cases there have been some disappointments. A committee entirely separate from the faculty of the college should have this matter in charge.

The secretary wishes to thank the many who have aided in this year's work. I would especially mention Dr. Kleinpell of the executive committee, who has helped greatly in the preparations for this meeting.

B. M. LINNELL, Secretary.

ANNUAL STATEMENT OF THE TREASURER.

FUNDS RECEIVED.

Dues	\$215.00
Fellowship Fund	107.00
College	243.32
Advertisements	50.00

\$615.32

Balance	110.14
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\$725.46 \$725.46

DISBURSEMENTS.

Bulletin	\$412.83
Reprints	53.70
Extra on dinner	20.00
Manuscript	11.08

\$497.69 497.69

\$227.85

BILLS PAYABLE.

Fellowship Fund	\$107.00
Printing	54.00

\$161.00 \$161.00

BILLS RECEIVABLE.

College	\$18.41
Advertisements	55.00

\$73.41 73.41 87.59

Balance\$140.26

The undersigned auditing committee have examined the Treasurer's books and find them to be correct.

WM. P. PARKS,
FRED. W. KETTLESTRINGS,
F. F. BOWMAN,
Auditing Committee.

June 11, 1907.

NECROLOGIST'S REPORT.

On account of lack of space this report has been held over for the October number.

We also have some reports of class reunions which will be published next month.

COMMENCEMENT, JUNE, 1907.

The program for commencement week was carried out as scheduled in our last issue.

The baccalaureate address Sunday afternoon was greatly enjoyed by those who attended.

The theater party Monday evening at the Whitney Opera House was unusually well attended. There were 150 of Rush graduates and friends to hear "A Knight for a Day."

The annual business meeting was well attended. The minutes are published in another part of this BULLETIN.

Dr. Rosenow's paper was a feature of the evening, its title being "Human Pneumococcal Opsin and the Antiopsonic Substance in Virulent Pneumococci."¹ Dr. Rosenow gave us only a synopsis. It was discussed by Drs. Billings, Hektoen and others.

The annual meetings of the association are greatly instructed and entertained by these papers read by Fellows and former Fellows of the Association. They are papers of great merit and mark a distinct advance in knowledge of the infectious diseases, especially pneumonia. The alumni of Rush are doing a distinct and valuable work in maintaining this Fellowship.

On Wednesday afternoon the graduating exercises were held in Mandel Hall, University of Chicago. Prof. Lewellys F. Barker, formerly professor of anatomy, Rush Medical College and now professor of medicine, Johns Hopkins University, delivered the commencement address. Subject: "The Psychic Side of Medicine."

The following received the degree of Medicinæ Doctor. The degrees were conferred by the dean, Frank Billings:

Roy Bennett Adams.*
Homer Burnham Annis.*
Karl Vilhelm Arminen.
Carl Leslie Audrain.
Arthur Frederick Beifeld.*
George Francis Bicknell.*
Harry Hoagland Blodgett.*
Edward Whitney Bodman.*
Arthur William Boslough.
James Andrew Britton.
Frank Warren Calhoun.
Frances P. Chapman.
Frank Matthew Conlan.*
Vernon Cyrenius David.*
Harry Bennett Felts.*
John Gephart.*
Edwin Simpson Gillespie.
Evarts Ambrose Graham.*
Robert Elliott Graves.
Henry Allen Halsey.
Harry Jackson.*
Robert Young Jones.*
Jesse Robinson Kauffman.*

Irvin Sunthimer Koltinsky.*
Hjorleifur T. Kristjanson.
Chester Herbert Lockwood.*
Albert Theodore Lundgren.*
Alexander Blake MacNab.*
George John Marquette.*
Edwin Clare McMullen.
Walter Howard Meents.
Max Louis Mendel.*
Ernest Wilson Miller.*
Albert Horr Montgomery.*
Edward Niles.*
Niels Peter Paulsen.*
Glenn Worthy Putnam.
Stephen Walter Ranson.*
Homer G. Rosenberger.*
Victor Lupu Schrager.
DeWitt Clinton Shaff.*
David C. Straus.*
Louis Leonard TenBroeck.*
Frank Columbia Walker.*
Roscoe Whitman.*

* The asterisks are affixed to the names of those members of the class who have gained prizes or secured positions by competitive examination and appointment as internes in hospitals.

1. The Journal of Infectious Diseases, June 15, 1907.

The awards of Fellowship, of Prizes and of Honors were distributed as follows:

The Fellowship in Pathology—JOHN PATERSON GARDINER.
 The Fellowship in Medicine—EDWARD C. ROSENOW, M.D.
 The Benjamin Rush Medal—STEPHEN WALTER RANSON.
 The J. W. Freer Medal and First Prize—JAMES PERSONS SIMONDS.
 The L. C. P. Freer Medal and First Prize—HERBERT MARCUS GOODMAN.
 The L. C. P. Freer Second Prize—JAMES PATTERSON.
 The Daniel Brainard Medal—BRICE RUSSELL WALLACE.
 The DeLaskie Miller Prize—FREDERICK ADOLPH SPEIK.

These exercises were held at 3 o'clock and were over with by 4:30. The time until the banquet in the evening was made use of by the class, the alumni and their friends in looking over the grounds and buildings of the university and those especially devoted to the medical work. All of the older alumni were impressed with the superior advantages of the well-equipped plant, and comparisons were numerous between the present buildings and the "one under the sidewalk." The banquet in the evening was presided over by Dr. Frank Billings. Toasts were given by Dr. Barker on "The Sister Schools"; Mr. William Mather Lewis, Lake Forest Academy, on "The Preparatory School"; Dr. Bridge for the college and Dr. Brown for the class of '07. Music was well rendered by the class of '07. The singing and "roasts" kept things lively during the dinner and between toasts. The class of '82 had a large number present. This was a part of their reunion. The classes whose reunions were due (the 2's and 7's) were all well represented. There were 135 present at the dinner.

After the festivities were over, most of the alumni remained and finished up two weeks of profitable clinics.

THE COMMENCEMENT EXERCISES, SUMMER QUARTER, 1907.

These exercises were held Friday, Aug. 30, 1907, at 4:30 p. m., in the college. The following received the degree of Medicinæ Doctor:

Dudley Watson Day.	George Enos Miller.
Harry Rising Enlow.	Arthur Richard Rikli.
Horatio Norman Greaves.	Lee Matthew Ryan.
David Connolly Hall.	James Persons Simonds.
Thomas Almon Jones.	Carl Friedrich Weinberger.
John Herman Warren Meyer.	

The degrees were conferred and the address of the day was given by the dean, Frank Billings.

TWO WEEKS OF SPECIAL COURSES FOR THE ALUMNI.

These courses were held, as announced, from July 10 to July 20, inclusive. The attendance was good. The registration numbered 113, most of them taking all of the clinics scheduled, and also took advantage of the numerous courses offered. The classes represented ranged all the way from 1854 to 1906, the largest number being from the class of '82, of which 11 registered. Special efforts were made by Drs. Dodson and Cary for a reunion of this class. We publish the number represented from each class and also the number from each of the states. In all, 19 states were represented, Illinois leading, of course, with Wisconsin next and Iowa a close third. We hope this feature of the commencement will be continued next year. Before leaving, those who attended adopted resolutions, which are hereby published.

CLASSES REPRESENTED.

1854	1	1888	1
1862	1	1890	6
1863	2	1891	2
1867	1	1892	5
1870	2	1893	6
1872	1	1894	2
1873	1	1895	6
1874	1	1896	4
1876	1	1897	10
1877	6	1898	2
1879	3	1899	7
1880	2	1900	5
1881	2	1901	4
1882	11	1902	10
1883	2	1903	8
1884	1	1904	1
1885	2	1905	4
1886	1	1906	1
1887	8		

STATES REPRESENTED.

Arkansas	1	Missouri	3
California	1	Nebraska	2
Colorado	1	Ohio	4
Idaho	1	Pennsylvania	1
Illinois	45	South Dakota	3
Indiana	7	Texas	1
Iowa	21	Utah	1
Kansas	2	Washington	2
Michigan	7	Wisconsin	23
Minnesota	7		

RESOLUTIONS.

CHICAGO, June 21, 1907.

WHEREAS, The faculty of "Old Rush" has so kindly invited us—the alumni—to Chicago to be present as their guests at the commencement exercises of the class of 1907; and

WHEREAS, They have given us a two weeks' complimentary course of most excellent postgraduate instruction; therefore

Resolved, By the alumni here present, who have been so highly entertained and efficiently instructed by said postgraduate course, that we hereby express our most hearty thanks to the faculty for their very efficient work and untiring efforts in our behalf.

Resolved, That in behalf of the medical profession we hereby express to the faculty of Rush Medical College our thanks for and profound appreciation of what they have done and are doing for a higher medical education.

Resolved, That we most respectfully ask the faculty to repeat annually this complimentary postgraduate course to the alumni. Let it be understood that this is not for a selfish purpose, but we believe that it is a means to the end that more students will attend the regular medical course.

Resolved, That a copy of these resolutions be given to the President of Rush Medical College and that a copy be given to the President of the Alumni Association with the request that he cause the same to be published in the next issue of THE BULLETIN.

Respectfully submitted.

J. W. ANDREWS,
B. F. KIERULFF,
J. W. BURNS,
Committee.

THE MEETINGS OF THE ALUMNI OF RUSH MEDICAL COLLEGE AT THE STATE MEETINGS.

THESE ARE SPECIAL REPORTS OF A FEW OF THE MEETINGS HELD:

ILLINOIS.—Meeting was held Wednesday, at the First Presbyterian Church, at luncheon. It began promptly at 1 p. m. and closed promptly at 2 p. m. There were 75 present. Dr. Pettit presided. Drs. Wilder and Graham spoke for the college. The Fellowship Fund received considerable impetus by Dr. Boughton proposing to be one of twenty to raise \$200. This was not accomplished, but the fund received substantial help. Drs. Ochsner, Johnson and Linnell spoke.

ATLANTIC CITY.—Only while leaving for the meeting at Atlantic City did we learn that a time had been set apart for College Alumni reunions. Therefore, no opportunity was given for notifying any of our alumni that such a reunion would take place. Notwithstanding this and the fact that there was no opportunity for notifying the men at Atlantic City, excepting by a small paragraph in THE BULLETIN of the Association and by personal word, we arranged a meeting for Tuesday evening, at which there were 60 or 70 present. We had short impromptu addresses from a number of the old alumni, including Dr. McDill of Manila and two or three of the older men from the states who had not been present at any reunion for a long time. Dr. Bevan also made a statement of what is being done not only in Rush, but in other colleges, for the ad-

vancement of medical education, and we felt that gathering was a great success. Every one enjoyed themselves immensely.

WISCONSIN.—At the meeting of the Wisconsin State Medical Society at Superior, August 21 to 23, a reunion of Rush graduates was held at Hotel Rossiter from 1 to 2 on August 22. I am inclosing the register of those in attendance. There were six or eight other Rush graduates at the meeting who were detained from meeting with us by various other duties. It is rather interesting to know that at this, as at most of the other state meetings we have had, the Rush graduates comprised about 30 per cent. of all those who were in attendance.

Dr. Conkey presided at the informal luncheon, and Dr. Dodson, who had been invited to be present, represented the faculty. He presented a statement of the work of this year and the present conditions of the college. Dr. Armstrong, secretary of the Wisconsin Rush Alumni, had been invited to present the matter of the Fellowship Fund, but was unavoidably detained and it was decided to take up the matter at a later time.

INDIANA.—Twenty-seven members present. F. A. Tucker, Noblesville, was elected president. John Little Morris was elected secretary. Meeting was held Thursday, June 17, 1907, at Indianapolis. Dr. Cotton of Rush represented the college. A good time was reported and the following resolution was adopted:

WHEREAS, We, the following undersigned Rush alumni, desiring to show our loyalty to her faculty for the magnificent stand they are making for higher medical education, at what we know to be personal sacrifice in many ways to them, and appreciating as we possibly have not before the noble sentiment that prompted the step made when her faculty literally gave Rush Medical College to the Chicago University, Therefore, we desire to assure her faculty that we will not only continue as we have in the past, proud in the fact that we are Rush men, but that we will in every way possible support her in this great stand she has taken towards the elevation of the medical profession.

IF DR. WEAVER SHOULD MEET YOU ON THE STREET AND ASK YOU A DOLLAR FOR THE FELLOWSHIP FUND, NINE OUT OF TEN OF YOU WOULD RESPOND. CAN NOT AT LEAST FIVE OUT OF TEN RESPOND TO THIS APPEAL?

THE FELLOWSHIP FUND NEEDS ONE HUNDRED AND FIFTY DOLLARS IN ORDER TO PUT A FELLOW AT WORK THIS YEAR. MAY WE NOT EXPECT THIS FROM THOSE WHO HAVE NOT CONTRIBUTED?

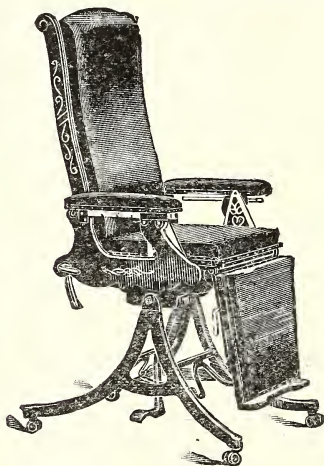
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The Bulletin

OF THE ALUMNI OF RUSH MEDICAL COLLEGE

Published Monthly

Volume IV

OCTOBER, 1907

No. 2

B. M. LINNELL, Editor

100 State Street, CHICAGO, ILL.

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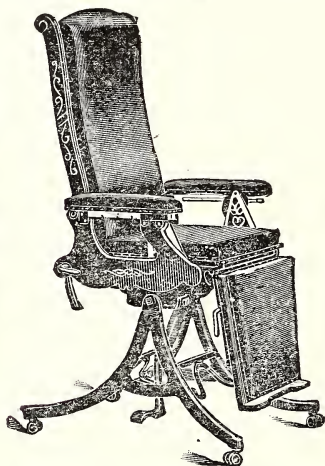
Only Fifty Dollars more needed to complete this year's Fellowship Fund. Those alumni who have not paid into the treasury One Dollar or more for dues or the Fellowship Fund during the year ending Oct. 1, 1907, will receive a notification slip and a return envelope enclosed with this BULLETIN.

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THE PSYCHIC SIDE OF MEDICINE.*

LEWELLYS FRANKLIN BARKER, M.D.

Professor of Medicine in Johns Hopkins University.

It was matter of much gratification to me when I received from Dr. Hyde the cordial invitation of the Faculty of Rush Medical College to give the commencement address this year. For as one of the members of this Faculty I spent five of the happiest years of my life, and during that time the interests of this College were my interests, its students were my students, its professors, I am happy and proud to believe, my friends. An intimacy of relations is established during such a period that is not easily dissolved. For my part and with your consent the union of interests will not be disjoined; I trust that you will permit me permanently to regard myself a member of this flourishing Rush family; sharing in your hopes; helping to bear burdens, if need be; rejoicing in your success.

Let me preface what I have to say further by a word of congratulation to the graduating class. As professor of anatomy it was my privilege to welcome the majority of you to the school at the beginning of your studies, at a time when medicine was full of deep mysteries which you were eager to have revealed to you. During the last four years you have had wonder after wonder unveiled before you, secret after secret disclosed. Doubtless, like the student of Faust, you have felt that the period of medical study has been

eine kurze Zeit,
Und, Gott! das Feld ist gar zu weit.

Still you have had opportunity to appropriate the best that hospital wards, medical men, medical laboratories, and medical books had to give you, and you are now prepared to go to the people and to use that best as your own. Paraphrasing Kipling, you are now ready to wink at Billings down the road "an' 'e'll wink back—the same as us."

All success to you in your work! Know as you go out to it that the eyes of this Faculty follow you with maternal solicitude, jealous for your welfare, very desirous of your success, proudly expectant that you will reflect honor upon the College responsible for your medical birth.

THE PSYCHIC SIDE OF LIFE.

No commencement occasion is complete without its pretended word of wisdom. In the few minutes assigned to me I desire to speak briefly of the psychic side of medicine, because, in the first place, I fear that in our enthusiasm for utilizing the results of the physical sciences for advancing knowledge we sometime lose sight

* Delivered on the occasion of the Eighty-fifth Commencement of Rush Medical College, held in the Leon Mandel Assembly Hall, June 12, 1907, and reprinted from the University Record, July, 1907.

of the great importance of mental and moral relations for medicine; and, in the second place, I believe that if you will pay attention from the beginning of your practice to this psychic side, as well as to the physical side of disease, you will not only contribute powerfully to your personal success, but you will be of far greater service to your patients and to the communities in which you practice than you could possibly be were you to be ignorant of its significance or to neglect it.

There is a good deal of evidence available to indicate that the mental and moral sciences are before long to have their innings. The physical sciences have been doughty players, and we have been willing to allow them a long tenure of the wicket, but there is a general impression that it does no harm now and then to send them out into the field, and to let psychology, sociology, and ethics go to bat. Indeed, public interest has already been actively drawn toward psychology, and the science of mental life, with its investigations into the world of our inner experiences, into the domain of conscious personality, has come to occupy a central position in contemporary thoughts. Now it influences all occupations, and, more or less, it modifies and colors the perceptions of all the other sciences. During the year 1903 alone there were published, according to Thorndike, over two thousand books and articles on psychology or allied topics, written by recognized scientific workers. The subjects ranged from the "psychology of advertising" to the "psychology of religion," and from "habit formation in the crawfish" to the "esthetics of unequal division." As Münsterberg puts it, psychology, though it started in the narrow circles of philosophers,

is now at home wherever mental life is touched. The historian strives to-day for psychological explanation, the economist for psychological laws; jurisprudence looks on the criminal from a psychological standpoint; medicine emphasizes the psychological value of its assistance; the realistic artist and poet fight for psychological truth; the biologist mixes psychology in his theories of evolution; the philologist explains the languages psychologically; and while esthetical criticism systematically coquets with psychology, pedagogy seems ready even to marry her.

As a matter of fact, medicine has always paid much attention to the psychic side of disease; she has been forced to consider the psychic factor, not only in coming to her diagnosis, but also in planning her treatment. The conversation with the patient at the bedside, or the taking of what, in medical slang, we call the anamnesis, is an instance in which the mental factor has been definitely valued; furthermore, consciously or unconsciously, physicians have from time immemorial utilized the minds of their patients, directly or indirectly, to combat their ills. What constitutes the more recent development in this field is the more extended and more precise application of psychic methods of inquiry and the elaboration and more conscious utilization of the methods of mind-cure. Avoiding the illusions of psychologism on the one hand and the illusions

of mysticism on the other, modern medicine is striving toward rational psychic diagnosis and rational psychotherapy.

THE PSYCHIC INQUIRY AND PSYCHO-DIAGNOSIS.

The inquiry into the psychic state of a patient is often more important than the somatic inquiry. And yet how seldom does the physician investigate systematically the mental condition. The technique of eliciting mental symptoms has to be learned and practiced just as one has to learn and practice the technique of physical diagnosis. The old clinical conversation has to be modified and extended if we are to obtain results that are free from subjectivity and so accurate and precise that the records of one observer may be fairly comparable with those of another. Psychiatry has always suffered seriously from subjectivity; it is only since the exact methods of the psychophysical laboratory have influenced psychopathological investigations that it has been possible to gather case histories which are independent of the accidental subject of the observer. I need only point to the "principle of uniform stimulus" and the "principle of the reaction-time" to illustrate the improvement brought about by the inauguration of clinical psychopathic laboratories. If you will take the trouble to examine Sommer's *Text-book of Psychopathological Methods of Examination*, you will be pleased to see how accurate present methods are, contrasted with those our forefathers used, for testing the perceptive faculty, for investigating sense deceptions, for studying the orientation of the patient, for trying the memory, for examining the powers of work, and especially for inquiring into the character of the associative processes. And if you will study the writings of Pierre Janet, especially his books on *The Mental States of Hystericals* and on *Obsessions and Psychasthenia*, you will be interested to find how intimately such studies are related to the problems of every-day life and how much they may help you in the understanding and practical management of the nervous patients who apply to you for relief. For to help the nervous patient you must show him that you understand him, that you sympathize with him without deriding him, and that you will help him to get well. It rarely does any good to a nervous patient to tell him that there is nothing wrong with him, that his troubles are imaginary, and that he should go home and go to work. He knows that he is ill and that his trouble is real, and if you do not recognize this he can not believe that you understand him.

Let us look, for example, at that interesting mental state which we now call psychasthenia, characterized, as it is, by doubts, fears, anxieties, indecisions, interrogations, and feelings of insufficiency and incompleteness. Unless you have studied cases of psychasthenia and analyzed the symptoms in several cases thoroughly, you will overlook the condition frequently; for let me tell you that among

every ten patients entering your office door there will be at least one typical psychasthenic, I feel sure.

The severer types with outspoken obsessions are, of course, rarer, but you will meet some of them every year—people with scruples or imperative ideas. One young man was brought to me by his father because he spent hours in the bathroom scrubbing out the bath-tub after his bath, tormented with the idea that he polluted everything with which he came in contact. Another was convinced that his hands were permanently unclean, and this despite hourly cleansings with castile soap and brush. Another had difficulty in getting out of bed in the morning; he had the idea that he must get out with his right foot first, but on placing the right foot on the floor he would be overwhelmed with the fear that it might possibly be his left foot and would be compelled to get back into bed and make a fresh start.

The mental agitation and vacillation that some of these patients present is painful to witness. The manias of interrogation, of hesitation, and of deliberation will occur to you all. "Why are things so and so?" "Why do we call scissors 'scissors'?" "Did I lock the door before I went upstairs?" are typical questions which such patients pathologically put to themselves. Others have a mania of precision—everything must be "just so;" some of you may have had to live with sufferers from this distressing mania. Still others have troubles with numbers, must touch objects, must always take certain precautions, or are continually having premonitions. In some psychasthenics the agitation takes a motor form, and they exhibit movements which have no relation to the external circumstances or to the desires of the subject. If these movements are systematized they take the form of the well-known tics, but often they are diffuse and vague crises of agitation. Fear is a kind of emotional agitation very common among these patients. I am sure you will be surprised when you engage in practice to find how many people are *afraid* of something. Some are afraid that they have an incurable disease or that they will go insane. Others fear they can not digest certain kinds of food. Still others fear certain objects or certain animals; more common is the fear of situations, the fear of crossing an open square or of being in a closed room or narrow passage-way. One of my patients has difficulty in traveling at night in a sleeping-car, for during the night he may suddenly be overcome with great anxiety and appalling "sense of closeness" which compel him to leap from his berth; he, therefore, always reserves two sections, has one made up and the other left open as a place of refuge should he be subject to his nocturnal terror. I could give you many examples of psychasthenic fear. An amusing instance is related by Dr. Worcester, who is seeing many nervous people at Emmanuel Church in Boston, where he and his colleague, Dr. McComb, with the aid

and control of several Boston neurologists, are trying the effect of mental and moral treatment. He tells of a man who applied for help there recently on the ground that he had actually grown afraid to say grace at table. In order to get the courage to say it he had, before application, got into the habit of taking two or three drinks of whisky shortly before the meal!

Characteristic, too, of psychasthenic states is the abnormal prevalence of various feelings of insufficiency and incompleteness, feelings to which all of us, even the mentally most healthy, are occasionally subject. These feelings of incompleteness may be connected with the patient's actions, with his intellectual work, with his emotions, or with his personality. Thus the insufficiency may present itself to the mind in the form of an increasing difficulty in action, or there are feelings of the uselessness of effort, of incapacity, of indecision, of doubt, of discontent, of over-humility, or of revolt. Many are troubled with an indifference to what they realize they should be deeply interested in. Some have a continual sense of boredom, others of indefinable disquiet. Some feel constantly the need of some form of diversion or excitement.

While these are the abnormal feelings of which the psychasthenics complain, those who observe these patients, especially observers who have had their eyes educated to recognize psychic insufficiencies, often notice in them various disturbances of the will, of the intellect, and of the emotions. Thus the indolence, the lack of resolution, the feebleness of effort, the fatigability, the dislike for new situations and ideas, the social timidity, the inertia, the crises of exhaustion are obviously indications of troubles of the will. The forgetfulness, the sluggish memory, the faulty attention, and the reveries which such patients present are indications of greater or less disturbances in the realm of the intellect proper. The indifference they show, their depression and melancholy, their emotivity, their desire of dominating or being dominated, their inordinate desire to love or to be loved are symptoms which point to disturbance in the emotional sphere.

Another general character presented by nervous patients of this type, and one especially emphasized by Janet, the Parisian, to whom we are indebted for the most careful description of these psychasthenic states, is disturbance of the sense of reality. Often things do not seem natural to these people. Objects look strange to them. One patient told me that there seemed to be a haze or a veil between her and everything she saw. Another lady asserted that things looked to her "as though they were in a picture." To another group of patients things outside look natural, but they feel that they themselves have changed. "I am different from what I used to be," "I feel only half alive," "I feel as though I had lost myself," "I feel like a dead person," "My body is alive, but my mind

is no more the same," "I feel strange to myself," "I feel as though I were two persons"—these are some of the expressions which describe the feelings of those whose sense of reality is abnormal.

Besides the tolerably well-characterized types of nervous diseases, types to which special names have been attached by neurologists, the physician often meets with slight nervous manifestations which are very difficult to classify. Only one symptom may be obvious, such as a tendency to hurry, worry, or irritability, a nervous fear, a morbid self-consciousness, an abnormal personal sensitiveness, a habit of contradiction, an uncontrollable state of apprehension, or, say, a resentful disposition. As a matter of fact, when one such symptom is complained of, a careful study will often reveal the existence of other abnormal nervous manifestations, and the skilful physician recognizes, in symptoms such as those mentioned, danger signals which lead him to try to find out the cause, to remove it, and to correct the life.

I should like to call your attention to a mode of psychic investigation which is now being practiced abroad and which is beginning to find a place in American clinics. I refer to the so-called psycho-analytic method as practiced by Freud, Jung, and others. It has been found that in hysteria and certain other forms of mental disturbance the patients have at some time or another in their lives gone through some painful mental experience. Following the experience and the distressing emotion, unbearable to their consciousness, they have tried to suppress it. By certain tests of the association it is possible to find this hidden psychic complex and, by dis-integrating it, to do much to restore the patient to health.

PSYCHIC TREATMENT.

I shall not take time to dwell in detail upon psychic methods of treatment, and I scarcely need to remind you that from the earliest times psychotherapy has in the hands of physicians, of priests, and of quacks been a powerful lever in restoring patients, especially nervous patients, to health. Medical men on account of the fear of quackery have sometimes refrained from psychotherapy in cases where it would have been most useful. This, it seems to me, is a mistake. It is the duty of medical men, in my opinion, to utilize legitimate psychic methods in the treatment of disease and thus to protect patients from the mistakes and the extortions of the quack, the charlatan, the pseudo-scientist, and the false religionist.

To American medicine belongs the credit of having introduced one of the best methods of psychotherapeutic treatment. I refer to the rest and isolation cure of Weir Mitchell. As practiced by Weir Mitchell this cure consisted in large part of psychotherapy, but, unfortunately, in the hands of many of his imitators too much stress has been laid upon the rest and the massage, and there has been insufficient recognition of the great importance of the psychic

side of the management of cases. Recently there has been a marked revival of interest among European medical men in connection with psychotherapy, and those of you who follow the subject will be interested, I feel sure, in reading the writings of Bernheim, of Janet, of Forel, of Dubois, of Camus et Pagniez, of Levy, of Löwenfeld, and of others. Dubois' book entitled *The Psychic Treatment of Nervous Disorders* has, I am glad to say, been translated into English, and, while there is much that I would have differed in it, it is undoubtedly a valuable book. If you will read it and keep your critical sense alert I can recommend it to you heartily as an aid in the treatment of nervous patients.

I have been much interested personally during the past two years in applying the methods of psychotherapy and re-education, and can testify to the value of these methods of treatment in selected cases. It must not be forgotten, however, that the first and most important point in the consideration of functional nervous diseases is the making of an accurate diagnosis. Every physician is surprised at the number of times some form of incipient organic disease exists in people who are supposed to be simply nervous. No one who is not skilled in all the modern refinements of diagnosis should undertake the practice of psychotherapy unless his work is controlled by a diagnostician who exhausts the best methods in the study of his case before beginning the therapy.

Among the psychic methods of treatment which medical men to-day find useful may be mentioned explanation, avowal, persuasion, medical obedience, psychic stimulation and education, and finally suggestion. If one takes a patient into his confidence and tells him frankly which of his symptoms are due to organic disease and which are functional, and what one's opinion is as to possible cure, a good start has been made. The fears of the patient must be allayed, and a true insight into the mental state, if possible, taught. Encouragement and reassurance is in mild cases often all that is necessary. In severer cases it gives only temporary relief, and repeated encouragement and prolonged efforts at re-education are necessary.

Open confession or avowal on the part of the patient of any nervous shock or painful experience which he has passed through is important. Those of us who are well know the great relief experienced by occasionally talking-out a serious trouble with an intimate friend. The psycho-analytic method of Freud above referred to may be regarded as a special modification of the method of avowal.

Persuasion is more popular as a psychotherapeutic agent with medical men at present than is suggestion, for it seems more rational to appeal to the higher functions of the mind by persuasion than to win the mind over by utilization of its subconscious stratum. Where the neurosis is profound and patients have lost their self-control it is necessary, at first, to establish medical obedience, requiring the patient to obey directions implicitly for a time. In order to

carry this out effectually it is usually necessary in such cases to isolate the patient completely from his or her friends, engaging the services of a special trained nurse in order to maintain the régime. Later on, this period of medical absolutism should be followed by gradual training in self-direction. And here the physician skilled in psychotherapy resorts to various methods of psychic stimulation and re-education. The treatment must be individualized and correspond to the needs of the single patient. A rigid routine in these cases is harmful. Active training of the emotions, the attention, and the will must be undertaken if we are to hope for permanent cures, and just here the modern occupation-therapy is destined to play a large part. We have to educate our patients to work mentally and physically. There is no better method for raising the psychologic tension and for restoring the mental equilibrium. As soon as possible the patients must be encouraged to live as though they felt as they would like to feel, for, as Janet points out, the nervous individual must be taught to do his act and to believe his belief.

Many nervous patients are very susceptible to suggestion, but their susceptibility is very variable. One must take advantage of the periods of greater susceptibility in order to utilize them for the instillation of healthy suggestions. Hypnotism will rarely be found necessary, but in selected cases it is undoubtedly of value. It appears to be nothing but a psycho-physical state of increased "suggestibility"; that is, a state in which the suggested ideas find less resistance than in normal life. All physicians use the methods of suggestion, though more of them apply it in the waking than in the sleeping state, and the success of quacks depends upon their utilization of the condition of "suggestibility." Some use the active and talkative method, directing the patients' attention to the desired point by positive statements. Others proceed more passively and silently, in the hope that a quiet mind may pave the way for the establishment of a new balance of impulses, and that the desire to get well may act as a powerful lever in the regaining of self-control.

THE NEED OF PSYCHIATRIC CLINICS IN OUR UNIVERSITY MEDICAL SCHOOLS.

I have said enough, perhaps, to emphasize the importance of psychic methods of diagnosis and psychic influences in bringing about cure. Permit me to use this occasion to enlist your interest in the establishment of certain institutions which are most urgently needed in America to-day. I refer to the establishment of so-called psychiatric clinics along with the other hospitals which form a part of university medical schools. America, so far ahead in many subjects of medical instruction, is no less than fifty years behind Europe in this particular. Since Griesinger in the middle of the last century pointed out the necessity of psychiatric

clinics in the German universities, and emphasized the importance of obligatory instruction in psychic methods of diagnosis and treatment for every medical student and obligatory examination in these subjects at the end of his course, enormous advances have been made in that country in neurology and psychiatry. There is scarcely a German university to-day which has not its own special neurological and psychiatric clinic installed beside the other clinics of the university hospital. These clinics need not necessarily provide for a large number of patients, but should receive acute cases of mental disease and should care for those borderline cases between sanity and insanity. In such a clinic the professor of psychiatry should instruct students in the methods of psychic inquiry, teaching them how to recognize and treat mental disease. Half the money used in Boston to erect a Christian Science temple would be sufficient to endow a first-rate psychiatric clinic in one of our American universities, and how infinitely better for the American people would be the results of the expenditure! The great vogue of Christian Science and of mental healing in this country shows without doubt the existence of psychic needs which are not being met adequately by the regular medical profession or by the religious orthodoxies of our land. We should profit by the lesson and should see to it that American medical students no longer go out into practice without having had the advantage of the thorough training in psychiatry which the modern psychiatric clinic can afford.

THE PERSONALITY OF THE PSYCHOTHERAPEUTIST.

And now, in closing, just a word as to the character of the physician who is to employ psychic methods of diagnosis and treatment. He who is to be successful must be an honest man himself and an expert clinician. He must be interested in functional disturbances, and not simply in anatomical lesions, and he must understand that neurasthenia, hysteria, and psychasthenia are just as much diseases as are pneumonia or gout, and that they often incapacitate the sufferer for longer periods of time. He must by his knowledge and character be able to win the confidence of his patient and hold it. He must be a man who shows no indecision himself and who will by his personality be able to give the patient the courage and the trust which he so much needs in his struggle to regain healthy-mindedness. Nowhere else in medicine are character and personal qualities of greater importance than in the treatment of nervous ills. You who graduate here to-day are fortunate in having had before you in your teachers notable examples of the kind of men best suited for the work.

But, in addition to the emulation of good example, each of us can do much in other ways to ripen his character and to enrich his personality. We must take the trouble to cultivate our imagina-

tions and to school our emotions. Travel, association with men and women of the better sort, and the reading of history, biography, and especially of poetry are necessary to the medical man as well as laboratories and medical books.

THE FELLOWSHIP FUND.

It has come to our attention that some alumni think the purpose of the Alumni Fellowship is to provide free tuition, etc., for some student during his regular undergraduate course. We wish to correct this idea. The Alumni Fellow is always a graduate of the college, and preferably a man with the experience gained as a hospital interne. He devotes his entire time to *research work*.

The Fellowship Committee has on hand \$350 toward the amount needed for the present year. This has come from about 350 alumni. Are there fifty alumni who have not contributed who will make up the rest? As soon as we have the entire sum we will be ready to put a man to work. GEORGE H. WEAVER, *Chairman*.

CLASS OF 1863 REUNION

AT THE HOME OF DR. JOHN M'LEAN, NO 3 FLORENCE BOULEVARD,
PULLMAN, ILL., JUNE 11, 1907.

ADDRESS OF WELCOME BY DR. JOHN M'LEAN.

Gentlemen, Comrades and Classmates:—Some time ago Dr. Byers and I were talking over old times, and we came to the conclusion to try and get as many of the old class together as we could at this time of the year, about college commencement. I took the correspondence matter in hand, and as you know, I have written to every living member of the class that I could locate, and this is the result after 44 years. There are only five of us together, and that certainly is a pretty good number of men who were boys and students 44 years ago, but who were scattered over the world, pretty well over this great country of ours. Most all of us have seen service, not only in the sick room and at the operating table, but on the battle field, and it gives me great pleasure indeed to meet you again. It reminds me very much of the old days spent as students, and I am only too proud to be able to welcome you to my home and to accept my hospitality. (Applause.)

RESPONSE TO ADDRESS OF WELCOME BY DR. F. C. MEHLER.

Dr. McLean and Fellow Students, Mrs. McLean and Mrs. Sigworth:—Some time ago, after an absence of a few days from home, I found a letter from Pullman, Ill. I opened it and there was an

invitation from Dr. John McLean to have a reunion of the class of '63. I do not know of a time that I felt so glad to get a thing as I did that, and I immediately replied to the Doctor that I would be there. Of course, probably among that class we could not pick out better "cronies" than we five were. Forty-four years is a long time since we left old Rush; all of the old professors have passed away, as have many of the boys. Quite a number of them were killed during the war. Of course, during those 44 years we have seen in our profession a great deal of sorrow and a great deal of happiness. I think we have all been pretty prosperous and have not disgraced our alma mater. I do not know how to express my thanks to Dr. McLean and Mrs. McLean for their kindness, but I want to assure you that this day will never be blotted from our memories. (Applause.)

Dr. McLean says we have a poet laureate with us as well as orators and good doctors, and our poet laureate will read the class poem. (Applause.)

DR. FRED W. BYERS READ THE FOLLOWING POEM:

Ad hail the class of '63,
At this feast of (reason) wine and flowers,
With a message more felt than spoken
To the absent comrades of ours.

These tokens of love will be giving
In thoughts that can not be said,
A comrade's message for the living,
And a brother's love for the dead.

Some sleep where the winds in their motion
Blow ripples from island to shore;
Where the waves of the restless ocean
Disturb not their slumbers by dash or by roar.

We called the roll of our then 58,
A minority answered "here."
Far and wide survivors are scattered,
While forms of our dead linger near.

Some have fought and died for freedom,
By river, on lake or on sea,
For home, for flag and our country,
And for the slave they helped to free.

The soldier may a Doctor be,
Grim things he'll feel and see,
But clear thro' all his risky life,
The Doctor a soldier must be.

How useless now are our efforts,
While praises so freely are said,
However so loving and earnest,
Reach never the ears of our dead.

They who for humanity's sake
 Give most—who their lives do give,
 But stories of our pains and toil,
 In the hearts of the living shall live.

We, here to-day, are old and gray,
 And pray for that good time when,
 In the realm of God's own goodness,
 Men never need die for men.

It will hardly be ours again
 To grasp the hand that warmly greets,
 But when we cross the last pontoon
 The children will cry in the streets.

(Applause.)

"The Professors of Rush and Some of the Things They Taught Us," by Dr. John W. Soucuman. Dr. Soucuman spoke quite at length in regard to the professors of Rush; of their teachings and the good advice given by them, which was well received and heartily applauded.

"The Class of 1863 and the War for the Union," by Dr. H. W. Sigworth. Dr. Sigworth's talk on this subject was very interesting indeed, and some of his remarks were quite amusing and highly appreciated.

Dr. McLean was requested to tell something of his college experiences, and complied in his usual able manner in quite a talk, which proved to be very interesting to all present, and at the conclusion of his speech was heartily applauded. Dr. F. W. Byers made quite an amusing speech, the title of which he called "Wives and Other Peoples' Wives: Wives of Doctors Generally," which was well received and heartily applauded.

Dr. McLean was unable to get more than four of the class of '63 together, and two were invalids, so he thought it best to have them at his house.

CLASS OF '82 REUNION.

On the evening of Feb. 23, 1907, an informal meeting of the Class '82 was held at the Chicago Athletic Association rooms.

After a pleasant dinner, at which 21 members of the class were present, Dr. Homer M. Thomas was chosen president and Dr. Frank Cary secretary of a Class '82 Alumni Association.

A committee composed of W. B. Newcomb, J. W. Chamberlin and Frank Cary was appointed to arrange for a reunion and dinner to take place during commencement week.

On June 10 about the same number as before partook of a delightfully informal dinner, at which many letters and messages from absent members helped to recall old times. It was decided to form a permanent Class '82 Alumni Association, in the hope of making annual class dinner a feature of commencement week.

OCCUPANTS OF INTERNESHIPS.

The following students have secured internships, by examination and appointment, during the year. The duration of service of these internships varies from one to two years:

Edward Niles	Alexian Brothers Hospital
Nels P. Paulson	Alexian Brothers Hospital
J. B. Winnick	Bethesda Hospital
A. T. Lundgren	Chicago Polielinic
A. B. Mac Nab	Chicago Polielinic
G. M. Logan	City Hospital, Akron, Ohio
A. F. Beifeld	Cook County Hospital
R. Y. Jones	Cook County Hospital
E. J. Lewis	Cook County Hospital
V. C. David	Cook County Hospital
D. E. Cornwall	Cook County Hospital
Harry Jackson	Cook County Hospital
R. H. Wellington	Cook County Hospital
S. W. Ranson	Cook County Hospital
A. H. Montgomery	Cook County Hospital
H. V. Mellinger	Cook County Hospital
J. R. Kauffman	Cook County Hospital
F. A. Speik	Cook County Hospital
C. H. Gowan	Cook County Hospital
J. A. Briton	Chicago Lying-in Hospital
L. M. Ryan	County Hospital, Los Angeles, Cal.
H. M. Francis	Chicago Lying-in Hospital
E. T. Christian	Chicago Lying-in Hospital
W. S. Chapman	Chicago Lying-in Hospital
I. S. Koltinsky	Michael Reese Hospital
D. C. Straus	Michael Reese Hospital
C. H. Lockwood	Milwaukee Passavant Hospital
A. P. Johnston	Passavant Hospital
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F. E. Ewing	Presbyterian Hospital
A. J. Batty	Presbyterian Hospital
J. B. Kinne	Presbyterian Hospital
B. H. Brown	Presbyterian Hospital
H. G. Rosenberger	Presbyterian Hospital
T. M. Wilson	Presbyterian Hospital
D. J. Davis	Presbyterian Hospital
G. F. Ruediger	Presbyterian Hospital
R. D. Bernard	Presbyterian Hospital
R. Whitman	Presbyterian Hospital
F. A. Speik	Presbyterian Hospital
D. C. Shaff	Presbyterian Hospital
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F. C. Walker	St. Anthony's Hospital
H. B. Annis	St. Barnabas Hospital, Minneapolis, Minn.
M. L. Mendel	St. Elizabeth's Hospital
H. H. Blodgett	St. Joseph's Hospital
F. M. Conlin	St. Joseph's Hospital
R. B. Adams	St. Joseph's Hospital, St. Joseph, Mo.
C. L. Hoy	St. Luke's Hospital
E. W. Bodman	St. Luke's Hospital
G. J. Marquette	St. Luke's Hospital

G. F. Bicknell.....	St. Luke's Hospital
L. L. Ten Broeck.....	St. Luke's Hospital
W. G. Rundle.....	St. Luke's Hospital, Denver, Colo.
H. B. Felts.....	St. Mark's Hospital, Salt Lake City, Utah
Charles Fidler.....	St. Mary's Hospital, Milwaukee, Wis.
H. A. Heise.....	Toledo Hospital, Toledo, Ohio
John Gephart.....	St. Luke's Hospital, Denver, Colo.
H. A. Halsey.....	Silver Cross Hospital, Joliet, Ill.
L. M. Ryan.....	County Hospital, Los Angeles, Cal.
C. F. Weinberger.....	North Chicago Hospital

PERSONAL ITEMS ABOUT THE ALUMNI.

Dr. D. C. Budge, of the class of 1900, is now president of the Utah State Board of Medical Examiners and is located at Logan, Utah.

Dr. Hoyt E. Dearholt, of the class of 1900, is located at Milwaukee, Wis., and is the managing editor of the *Wisconsin Medical Journal*. He was married August 31 to Miss Edith Tweeden, and for a wedding trip went on an automobile tour through the South.

Gustav F. Ruediger, 1903, is now Professor of Bacteriology and Pathology at the Medical College of the State University of North Dakota. He is also Director of the State Public Health Laboratory.

John Duncan Taylor, 1895, is Professor of Pharmacology and Materia Medica at the Medical College of the State University of North Dakota.

Personal items about the Alumni are solicited for this column. This we hope to make a permanent feature. One of our Alumni has the matter in charge. Send the items to THE BULLETIN 100 State St. The Necrologist's report has been held over for the next issue.

The Bulletin

OF THE ALUMNI OF RUSH MEDICAL COLLEGE

Published Monthly

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No. 3

B. M. LINNELL, Editor - - - - 100 State Street, CHICAGO, ILL.

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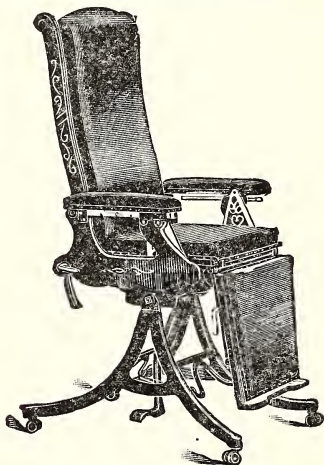
Dr. Weaver announces that the Fellowship Fund for the present year is complete. The \$400.00 has been raised. Now for next year's fund. Let us begin at once to pledge for next year so that this work may not be interrupted. Also remember we need more money this year for the BULLETIN and the Annual Meeting. Pay your dues.

SPECIAL OFFER

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IT affords us great pleasure to present for your consideration our latest model **IRON FRAME CHAIR**. This chair is the culmination of our many years of experience in making and handling physicians' chairs, and embodies all the best features of all other chairs of previous makes. It is operated by the simplest and most effective mechanism.



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VIRULENT PNEUMOCOCCI AND OPSONINS.*

E. C. ROSENOW.

The mechanism by which the human body combats a pneumococcus infection in pneumonia is still very obscure. The blood serum, before or after crisis, possesses no bactericidal properties. However much it may seem that opsonification and phagocytosis are primarily responsible for the destruction of the pneumococcus in pneumonia, there are some serious objections in the way of this explanation.

That lobar pneumonia is no longer to be looked upon as a local disease of the lung, but as a general infection instead, is the result of recent blood cultures. The pneumococcus has been found in the blood in a large number of cases by Prodraska, Fränkel and others and in 85 per cent. of 300 cases examined by myself. Shortly before, during and after crisis, blood cultures are apt to be negative. Wolf¹ has shown that pneumococci may be present in the blood after crisis, and hence crisis should not be looked upon necessarily as being due to death of the pneumococci in the blood.

The pneumococci isolated from the blood in pneumonia resist phagocytosis in normal and pneumonic serum, while those isolated from the sputum are not only more readily taken up, but, as Graham found, show a lower grade of virulence. From these observations it would seem, therefore, that only those pneumococci of such virulence as to resist opsonification and phagocytosis gain entrance into the general circulation.

In a previous paper² it has been shown that non-virulent pneumococci not only remove opsonins from serum and become phagocytatable, but are destroyed within the leucocyte as well; so that a leucocytic blood has a pneumococcal action which is directly proportionate to the number of living leucocytes present. On the other hand, highly virulent strains do not remove opsonins from serum and resist opsonification and phagocytosis completely in both normal and pneumonic serum. Thus it would seem that the virulent pneumococci which are primarily responsible for the blood infection in pneumonia are not rendered more susceptible to phagocytosis by opsonins. The objection that 15 or 30 minutes' exposure to opsonins in the ordinary experiment is not long enough for the opsonins to act is not applicable, because strains of pneumococci of a grade of virulence so as to just resist phagocytosis are not rendered phagocytatable by 48 hours' contact with highly opsonic serum. Cultivation of virulent pneumococci in opsonic serum or blood rather preserves virulence and resistance to phagocytosis than otherwise, while

* Read before the Chicago Medical Society, Oct. 30, 1907.

1. Jour. of Inf. Diseases, vol. iii, 1906, 446.

2. Jour. of Inf. Diseases, vol. iii, No. 4, 1906, 683.

cultivation on ordinary artificial media rapidly renders a virulent strain susceptible to phagocytosis.

The susceptibility to opsonin and the power to absorb opsonin from opsonic serum of one and the same pneumococcus may be increased or diminished at will by passage through rabbits and artificial cultivation (Tables 1 and 2).

TABLE 1.
SUSCEPTIBILITY TO PHAGOCYTOSIS AND POWER TO ABSORB OPSONIN OF
PNEUMOCOCCUS 237 AS AFFECTED BY PASSAGE THROUGH RABBITS.

Pneumococcal Strain Used to Absorb Opsonin.	Days upon Artificial Media.	Susceptibility to Phagocytosis.	PHAGOCYTOSIS (20 MINUTES)	
			Untreated Serum.	Treated Serum.
237	2	0	—	—
237 IV	8	+	4.5	0.6
237 VIII	2	0	6.0	4.6
237 IX	2	0	28.0	24.0
237 XI	10	+	10.0	1.5
237 XIII	2	0	6.0	4.0
237 XVIII	2	0	15.0	11.4

The Roman numerals after 237 indicate the number of rabbits through which the pneumococcus has been passed at the time of each experiment.

TABLE 2.
INCREASING RESISTANCE TO PHAGOCYTOSIS AND LOSS OF POWER TO ABSORB
OPSONIN AS VIRULENCE IS INCREASED.

Pneumococcus.	Days Cultivated upon Artificial Media.	Phagocytosis (20 Minutes).	Remarks.
236	36	38.0	
236 II	31	25.0	
236 IV	23	9.5	Complete absorption; organisms opsonified.
236 VI	11	0.5	Opsonin reduced only slightly while the serum failed to opsonize pneumococcus.
236 VIII	7	0	
236 VIII	7	0	
236 X	4	0	
236 XII	2	0	No appreciable reduction of opsonin; 24 hours' contact with serum failed to opsonize pneumococcus.

The Roman numerals after 236 indicate the number of rabbits through which the strain has been passed at the time of the experiment.

The interesting relation which seems to exist between virulence of pneumococci and opsonification and phagocytosis is further shown by the result of a series of experiments which consisted in the simultaneous intraperitoneal inoculation of guinea-pigs and rabbits with virulent and non-virulent pneumococci and the subsequent study of the peritoneal exudate and blood. The non-virulent pneumococci were taken up promptly by leucocytes and endothelial cells so that at the end of 18 hours the pneumococci and nearly all the leucocytes had disappeared, while in the animals receiving the virulent injections there was scarcely any evidence of phagocytosis and the pneumococci progressively increased until death. Blood cultures of the former remained negative throughout, while the latter were positive soon after inoculation. Phagocytosis and intraphagocytic destruction seems to be the method by which the non-virulent pneu-

nococci are gotten rid of, but fail to influence the infection where virulent pneumococci are used.

What determines the virulency of pneumococci? Are pneumococci virulent because they resist opsonification and phagocytosis, or is this interesting relation a mere coincidence? On what does this remarkable difference in the behavior of virulent and avirulent pneumococci depend?

The fact that resistance of the action of opsonin and the leucocyte are so consistently associated with virulence and more particularly because this returns on restoring lost virulence of pneumococci is strong evidence in favor of the phagocytic theory as playing an important, but not necessarily the primary rôle in combating a pneumococcus infection.

The increased pneumococco-opsonic index at the time of crisis, as Wolf³ and others have shown, together with other evidence in its favor, seems conclusive proof that opsonification and phagocytosis play a secondary rôle.

In order to investigate more closely the mechanism whereby virulent pneumococci defend themselves against opsonin and phagocytosis I undertook, in accord with Dr. Hektoen's suggestion, a study of the action of pneumococcal extracts on opsonic serum. Highly virulent and avirulent pneumococci were suspended in m/8 NaCl solution and placed at 37° C. for 48 hours. The clear fluid drawn off after thorough centrifugalization was then tested as to its action on opsonin (Table 3). The result is striking. The extract

TABLE 3.

EFFECT OF EXTRACTS OF VIRULENT AND AVIRULENT PNEUMOCOCCI ON OPSONIC SERUM.

Equal parts of extract or NaCl and serum were incubated at 37° C. for one hour when equal volumes of washed blood and pneumococcal suspension were added.

Mixtures.	Phagocytosis (20 Minutes).
Virulent extract	0.13
Avirulent extract	4.6
NaCl solution	6.0

from the virulent pneumococci inhibits phagocytosis almost completely, whereas the avirulent extract does so in much less degree.

Similar results have been obtained with many extracts representing 10 strains of virulent pneumococci obtained from the blood of pneumonia patients and from postpneumonia empyema. The extracts of five strains of non-virulent pneumococci, cultivated on artificial media for from four weeks to four and one-half years, have given only a moderate antiopsonic effect.

The extracts are now prepared from pneumococci grown on large blood-agar slants or in glucose-free broth to which 1 per cent. dextrose is added. This broth is prepared from beef and subjected to fractional sterilization. The reaction is 1 per cent. acid to phenolphthalein. Virulent pneumococci grow more abundantly and more

rapidly in this medium than in the ordinary broth made from beef extract and sterilized in the autoclave. The addition of 1 volume of sterile blood to 8 or 10 volumes of broth not only makes the cocci grow better, but they also yield a stronger extract.

In order to get active extracts it is necessary to suspend rather large quantities of pneumococci in relatively small amounts of salt solution. The pneumococci in about 60 c.c. of broth after 48 hours' growth are suspended in 4 to 5 c.c. of normal salt solution and kept at 37° C. for 48 hours, heated to 60° C. for one hour, the pneumococci centrifugated down and the supernatant clear fluid drawn off.

The conclusion seems warranted that the extract contains some substance or substances which bind or neutralize the opsonin in the serum, because active extracts do not inhibit phagocytosis by washed leucocytes of previously sensitized pneumococci. Furthermore, the antiopsonic effect of virulent pneumococcal extracts is largely specific for pneumococci; as Table 4 shows the extract does not prevent

TABLE 4.
THE SPECIFIC ANTIOPSONIC ACTION OF EXTRACTS OF VIRULENT PNEUMOCOCCUS.
PHAGOCYTOSIS (20 MINUTES).

Mixtures of Pneumococcal extract and Serum or NaCl Solution at 37° C. for 1 hour before adding Washed Blood and Bacterial Suspension.	Pneumococcus.	Streptococcus.	Staphylococcus.
Serum 0.1 + pneumococcal extract 0.1	0.1	7.0	10.3
Serum 0.05 + pneumococcal extract 0.15	0	3.3	9.8
Serum 0.025 + pneumococcal extract 0.175	0	1.5	5.0
Serum 0.1 + NaCl 0.1	6.0	10.6	12.0
Serum 0.05 + NaCl 0.15	5.0	6.0	10.7
Serum 0.025 + NaCl 0.175	3.2	3.0	6.0

the phagocytosis of streptococci and staphylococci. After being treated in the manner described virulent pneumococci appear to become phagocytable. It must be remembered, however, that there are difficulties in the way of a clear demonstration on this point, because thoroughly extracted or autolyzed organisms are so disintegrated and stain so poorly that they are hard to see. However, if extracted organisms do become phagocytable they should absorb opsonin from serum, and, if large enough quantities are added, the pneumococco-opsonin should be removed entirely; and it has been found that when equal quantities of highly virulent pneumococci, extracted and unextracted, are suspended for 24 hours in equal amounts of serum, the extracted removed all the opsonin, while the unextracted diminish only slightly the opsonic power. Unfortunately it is impossible to carry out experiments with respect to the animal virulence of the extracted pneumococci, because extraction as carried out is associated with death of the cells.

When avirulent pneumococci are suspended for 24 hours in virulent pneumococcal extract and then washed rapidly in salt solution they become relatively insusceptible to phagocytosis (Table 5) at the same time as the extract employed loses its power to neutralize opsonin (Table 6) and also becomes less toxic. This interesting

TABLE 5.

EFFECT OF VIRULENT PNEUMOCOCCUS EXTRACT ON AVIRULENT PNEUMOCOCCUS.

Equal numbers of avirulent pneumococci suspended 24 hours in the same amounts of virulent extract and NaCl sol. The cocci washed and phagocytability determined.

Extract pneumococci + normal serum + washed blood aa	2.0
NaCl pneumococci + normal serum + washed blood aa	25.0
Extract pneumococci + serum + NaCl aa + washed blood aa	6.0
NaCl pneumococci + serum + NaCl aa + washed blood aa	30.0

TABLE 6.

EFFECT OF AVIRULENT PNEUMOCOCCI ON PNEUMOCOCCAL EXTRACTS.

Avirulent pneumococci suspended in virulent extract for 24 hours at 37° C. and then removed by filtration. The antipsonic effect of the extract so treated compared with untreated extract:

Mixtures.	Phagocytosis (20 Minutes).
Treated extract 0.15 + serum 0.05	2.4
Untreated extract 0.15 + serum 0.05	0
Treated extract 1 + serum 0.15	4
Untreated extract 1 + serum 0.1	0.2
NaCl solution 1 + serum 0.1	5.0

result awakened the idea that possibly the induced resistance to phagocytosis brings with it restoration of virulence. To test this possibility by experiment there was injected into the peritoneal cavity of each of three guinea-pigs of nearly the same weight the 24-hour surface growth of two blood-agar slants (approximately 20 sq. cm.) after treatment of the pneumococci (avirulent 233) in each case as follows: (1) Guinea-pig No. 1 received the pneumococci in 3 c.c. of NaCl solution in which they had been suspended for 24 hours. (2) Guinea-pig No. 2 received the pneumococci in 3 c.c. of virulent pneumococcal extract in which they had been suspended for 24 hours. (3) Guinea-pig No. 3 received the pneumococci after they had been suspended for 24 hours in virulent pneumococcal extract and then washed rapidly. The results of the detailed study of the subsequent phenomena are shown in Table 7.

The results of the examination of the peritoneal fluid and blood cultures before and after death leave no doubt that death in guinea-pigs Nos. 2 and 3 was the result of pneumococcal growth, and this growth appears to have been made possible through the acquirement of virulence by the previous treatment of the cocci in the extract. The rapidity with which the leucocytes disposed of the untreated pneumococci is especially noteworthy. No free pneumococci were found at the end of six hours, notwithstanding that such a large quantity was inoculated. In the case of the treated pneumococci the results were diametrically different. The endothelial cells, which, were very numerous at the end of 24 hours in the peritoneal fluid, showed marked phagocytosis of polymorphonuclear leucocytes in guinea-pig No. 1 and of pneumococci in guinea-pigs Nos. 2 and 3. It seems that the endothelial cells which appear later take up pneumococci of a higher grade of virulence than the leucocytes, for at this time the latter show no phagocytosis, even though pneumococci are present in abundance. Results similar to these have been obtained in rabbits as well as guinea-pigs with four strains of aviru-

TABLE 7.

THE CONFERENCE OF VIRULENCE ON AVIRULENT PNEUMOCOCCI BY TREATMENT IN EXTRACTS OF VIRULENT PNEUMOCOCCI.

Intraperitoneal inoculation of same quantity of avirulent pneumococcus after treatment for 24 hours in 3 c.c. of NaCl solution and in 3 c.c. of virulent extract.

	Guinea-pig 1 (320 grams) Pneumococci in Salt Solution.	Guinea-pig 2 (325 grams). Pneumococci in Untreated Extract.	Guinea-pig 3 (340 grams). Pneumococci in Untreated Extract Washed and Suspended in 3 c.c. NaCl Solution.
4½ hours	Many leucocytes; phagocytosis of pneumococci marked; few free pneumococci, no endothelial cells.	Few leucocytes, many pneumococci; some phagocytosis. Seems in great pain.	Few leucocytes, some phagocytosis; no endothelial cells.
6 hours	Many leucocytes, no free pneumococci; slight phagocytosis.	More leucocytes; many pneumococci; considerable phagocytosis; seems ill.	Leucocytes abundant; many pneumococci; some phagocytosis.
24 hours	Leucocytes fairly abundant; many endothelial cells digesting leucocytes; as many as four per cell. Blood culture, negative. Seems perfectly well. Weight 310 gms.	Many leucocytes; some endothelial cells, phagocytosis of pneumococci, but not leucocytes; free pneumococci abundant. Blood culture positive. Crouched, very ill. Weight 275 gms.	Very many leucocytes; phagocytic endothelial cells, phagocytosis for pneumococci, but not for leucocytes. Blood culture positive.
48 hours	Leucocytes and endothelial cells few. Entirely well. Blood culture negative.	Leucocytes many; show no phagocytosis; phagocytosis of pneumococci and leucocytes by endothelial cells; free pneumococci present. Weight, 240 gms. Very ill.	Less phagocytosis of pneumococci by endothelial cells; free pneumococci present. Weight 275 gms. Very ill.
72 hours	Entirely well. Weight 320 gms.	Death. Heart's blood—pure culture of pneumococci. Serofibrinous peritonitis.	Still very ill
96 hours.....			Death. Findings as in Fig 2.

lent pneumococci which had been cultivated for 3, 7, 8 and 15 months, respectively. The animals receiving the pneumococci in virulent extract always showed the greater reaction, and death occurred earlier in them than in the animals which received pneumococci that had been washed after treatment in extract. That this in a measure is the result of toxic effect of the extract itself is probable, because by itself the extract is not without toxic action. It is likely also that by washing in salt solution pneumococci treated with extract a certain amount of the active substance is again extracted. Subsequent generations of the pneumococci isolated from the blood of the dead animals have virulence which increases as usual on animal passage.

The minute study of the antiopsonic body in pneumococcal extracts is now in progress. It may be stated that it resists boiling for two minutes and that it does not appear soluble in alcohol or ether. To what extent, if any, it may be associated with the capsular substance of the pneumococci has not been determined. On morphological grounds there seems little reason to associate virulence of

pneumococci with the capsule, because it presents the same general appearance in virulent as in avirulent strains.

The chief points may be summarized as follows: It has been found possible to extract from virulent pneumococci which themselves originally do not take up pneumococco-opsonin a substance which neutralizes the opsonin in human serum; this substance unites with avirulent pneumococci and by so doing it confers on them a degree of resistance to phagocytosis as well as of animal virulence. In other words, it seems possible to extract from virulent pneumococci the substance on which virulence would seem to depend, and at present the name "virulin," suggested by Dr. Hektoen, seems quite appropriate. While the action of "virulin" may be subject to several hypothetical explanations, at present it is probably best to look on it simply as a substance or mixture of substances which when united with the pneumococcal cell prevents this from taking up opsonin, and which when free has special affinity for opsonin. That it does not merely concern free opsinophile cell receptors seems likely, for one reason because virulent pneumococci when extracted, i. e., freed from virulence, are found to absorb pneumococco-opsonin freely.

CONCLUSIONS.

The results of absorption experiments indicate that normal human serum contains several opsonins with specific affinities for pneumococci, streptococci, staphylococci, and tubercle bacilli.

Avirulent pneumococci absorb opsonin and become susceptible to phagocytosis; virulent pneumococci do not absorb opsonin and are insusceptible to phagocytosis; and these properties may be diminished or increased at will by passage through rabbits or cultivation on artificial media as the case may be.

Extraction or autolysis of virulent pneumococci in NaCl solution brings into the solution a substance or group of substances which inhibits the action of pneumococco-opsonin; avirulent pneumococci take up this substance and now become not only resistant to phagocytosis, but exhibit also to some degree the property of animal virulence; after extraction of the substance virulent pneumococci acquire the power to absorb pneumococco-opsonin.

From the evidence at hand it would seem, therefore, that opsonification and phagocytosis play a secondary and not a primary rôle in combating the pneumococcus infection in pneumonia, because, as here shown, virulent pneumococci must be previously altered before they will absorb opsonin and become phagocytatable.

A meeting of the Executive Committee was held Friday, Nov. 8, 1907, at the Press Club. There were present Drs. Meyer, Bouffleur,

Kleinpell, Pierce, Pettit, Fiske and Linnell. The following were decided upon:

1. A large annual meeting in June.
2. Headquarters for Rush men during the meeting of the American Medical Association.
3. A campaign for dues to pay the expenses of THE BULLETIN and this meeting in June.
4. The arrangements for the annual meetings of the State Alumni are placed in the hands of the Committee on Alumni Relations, consisting of Drs. Pettit, Clark and Craig.
5. Arrangements for annual reunions of classes, all who wish to have reunion, but especially for those whose class year ends in three and eight.

Send in your dues, those who have not done so, so that the Executive Committee will have money enough to carry out these plans. If you get the extra slip with this BULLETIN your dues have not been paid for a year.

The Fellowship Committee is very glad to announce the completion of the \$400 required for this year's Fellow. Now that the funds are on hand we expect to have a man working for the Alumni in a very short time.

In addition to collecting the money for this year, the committee is trying to secure pledges for the two following years. This will insure a considerable reduction in the expense of collection, and a permanence of the Fellowship without interruption will be assured for three years. With little special effort a good many pledges have been secured. The pledges are on the condition of \$500 being secured. We believe this mark can easily be passed. Let us have something from a large number. Please send in the card mailed with this BULLETIN *now*. When the time comes to pay the pledge we will supply you with return envelopes and coin mailers.

Yours for Old Rush,

GEORGE H. WEAVER, *Chairman*.

REPORT OF THE NEUROLOGIST.

To the Alumni of Rush Medical College. Brethren:—We are once more met together to celebrate the anniversary of our professional birth; to renew our acquaintance, to tell of our experiences, to have a good time, and to return to our homes, I hope, with renewed inspirations and resolves to better discharge the great responsibilities of our profession. While the utmost should be done to make these occasions memorable for their feast of reason and flow of soul, it is but mete that we should pause and with solemn reverence give thought to those of our members who since one year ago have passed beyond the Veil, and who now, together with our departed

teachers, constitute a part of the greater Alumni of Old Rush, and as we believe, in the full enjoyment of the reward due all the faithful followers of *Æsculapius*.

So far as I have been able to ascertain, fifty-seven of our membership have responded to their last call; their books have been closed, and who doubts but that the balance is in their favor and wholly collectable.

We should ever remember that our profession is the noblest of all callings; that our responsibilities are the greatest, and our rewards should be the sweetest. No man is more needed than the skilled physician and surgeon, and when disease and accident threaten dissolution of soul and body, the arrival of the physician brings a joy and sense of security that is not known to the visitation of any other mortal. As all rejoice in his presence, so do all yield to his commands. He is in absolute control when our greatest joys come to us, and equally so when our profoundest griefs overtake and overwhelm us. We should therefore be ever mindful of our high calling and strive to be the cleanest, morally and physically, as we are the most needed and useful of our community.

The most notable of our recent dead are O. E. F. Roler of class of '59 and Fernand Henrotin of class of '68. These departed brothers were bright and shining lights in their profession, and reflected great honor on their alma mater. Of those reported, the oldest was 80 years of age, class of '75; the youngest was 29 years of age, class of '02. Twelve were between the ages of 60 and 70 years and thirty-one were above 50 years. You will observe that thirty-one, or more than 67 per cent. of this number, were past 50 years; only five were under 40 years, and the significant fact is shown that the only one who died from tuberculosis-laryngeal was under 40 years of age, having died at 38. Seventeen of the forty-six whose cause of death is known, died from conditions directly affecting the heart and blood vessels; Five are reported to have died from nephritis, their ages ranging from 65 to 80, an average of 70 $\frac{2}{5}$ years, and it is fair to presume that all presented more or less arteriosclerosis, thus making a total of 22 out of 46, or practically 50 per cent., of the deaths due directly to conditions involving the heart and blood vessels. The following are the causes of death:

Cases.		Cases.	
Heart disease—so given.....	11	Carcinoma	1
Angina pectoris	2	Cerebral hemorrhage	3
Suicide	1	Locomotor ataxia	1
Poisoning	1	Appendicitis	2
Pernicious anemia	1	Neurasthenia	1
Diabetes mellitus	2	Septicemia	1
Pneumonia	6	Liver trouble	1
Myocarditis	1	Accident	1
Septic endocarditis	1	Brain tumor	1
Endocarditis	1	Heat prostration	1
Nephritis	5	Unknown	10

'77. **David E. Sedgwick**, formerly a member of the Wisconsin legislature, died at his home in York, Neb., May 17, from heart disease, aged 55.

'82. **Clark B. Provins**, a specialist in the eye and ear, died at his home in Ottawa, Ill., June 4, from pernicious anemia, after an illness of three years.

'82. **S. R. Millen**, for nearly twenty-five years a practitioner of Clarinda, Iowa, a member of the Clarinda school board, coroner, and a member of the examining board for Page County, died suddenly in Bigelow, Mo., from heart disease, aged 52.

'91. **William W. Skinner** of Peoria died at the home of his daughter in that city, aged 71; cause of death not known.

'67. **Samuel Thompson**, first president of the Tama Medical Society, Iowa, physician for the Indian School and Agency at Toledo, Iowa, died at his home in Toledo, Iowa, June 2, aged 62.

'78. **Andrew W. Bowman**, for twenty-five years an active practitioner of Davenport, Iowa, died at his home in that city from diabetes, July 17, after an illness of one year, aged 59.

'95. **E. T. Lind** died at the home of his father in Chicago, July 22, from pneumonia, after an illness of two weeks, aged 34.

'69. **Lorenzo Northup**, a resident of Valley Falls, Kan., since 1855, died in that city, July 9; age and cause of death not known.

'94. **Edmund C. Ingalls**, but never a practitioner of medicine, formerly a resident of Oak Park, Ill., and for many years a sufferer from sciatica, on account of which he had the habit of drug use, which he had repeatedly tried to overcome, died in the Shirley Hotel, Denver, Colo., August 1, from an overdose of cocain.

'70. **John E. Best**, a member of the A. M. A., and an esteemed practitioner of Cook County, Ill., died at his home in Arlington Heights, August 1, from myocarditis, after an illness of five weeks, aged 63.

'75. **George Chapman**, founder of the Zauber Wasser Sanitarium, Hudson, Mich., and for more than forty years a resident and once mayor of Hudson, died at his home in that city from kidney disease, July 21, aged 80.

'87. **John Morrison**, a member of the school board of Houston, Pa., for five years, and at one time its president, died at his home in Houston, June 3, after an illness of several months, aged 57.

'94. **Joseph De Vere** died at his home in Chicago, July 29, from cancer of the stomach, after an illness of one year, aged 55.

'69. **Andrew J. Miller** died at his home in Halstead, Kan., July 22, after a protracted illness, aged 75.

'94. **William J. Class**, since 1897 a medical inspector of the Chicago Department of Health, who was ill and on leave of absence for several months and living on a cabin launch in pursuit of health. He was one of the most earnest students of bacteriology in the Middle West, who had already made himself famous by his research work on cerebrospinal meningitis and scarlet fever, with special reference to serum therapy. He died in Mercy Hospital, Benton Harbor, Mich., from cerebral thrombosis, August 9, aged 32. For more than two years he had suffered from arteriosclerosis and valvular heart disease. He was a member of the A. M. A.

'65. **John L. Shepard**, for many years a practitioner in Sheboygan Falls, Wis., died in the National Soldiers' Home at Milwaukee, Wis., aged 75.

'85. **William S. Campbell** died suddenly at his home in Detroit, Mich., July 13, as a result of heat prostration, aged 68.

'86. **Walter Tate Cody** of Detroit, Mich., was taken ill at Cobalt, Ont., removed to Toronto General Hospital, and died in that institution, August 28, a few hours after an operation for brain tumor, aged 48.

'69. **Andrew Klingburg** died at his home in Osage City, Kan., August 10, from nephritis, after an illness of about two years, aged 67.

'71. **Edward J. Chapman** died at his home in Missouri Valley, Iowa,

August 28, from locomotor ataxia, after an illness of over four years, aged 61.

Wansor W. Weeks, Hering Medical College, Chicago, about 1898, of Steelton, Pa., hospital steward during the Spanish-American War, died in the Sisters' Hospital, Buffalo, N. Y., July 27, one week after an operation for appendicitis, aged 31.

'93. **Thomas J. Williams**, interne in Cook County Hospital in '94 and '95, physician of Leadville and Lake County, Colorado, shot and killed himself in his office in Leadville, September 9, aged 43.

'68. **James Moffitt**, who retired from practice in 1880 on account of ill health, and who has been an invalid for the past 18 years, died at his home in Monticello, Ill., September 21, from uremia, aged 66.

'83. **Clinton E. Barnes**, city physician of Burlington, Iowa, from 1887 to 1892, a member of the staff of the executive of St. Francis Hospital, and house surgeon of the Chicago, Burlington and Quincy Hospital in 1883, died at his home in Burlington, after an illness of five years, aged 45.

'91. **Peter Meengs** died at his home in Ukiah, Ore., from pneumonia; age not known.

Robert Coulter Banks, a veteran of the Civil War, and for many years a practitioner of Owatonna, Minn., died at his home at Pine Island, Minn., September 1, after an illness of three days, aged 69.

'03. **Thomas J. Mulloney**, formerly an interne in St. Joseph's Hospital, Chicago, died in the Presbyterian Hospital, Waterloo, Iowa, October 23, from septic endocarditis, after an illness of two months, aged 29.

'95. **George S. Scheibur** died at his home in Chicago, October 20, from cerebral hemorrhage aged 37.

'67. **George S. Miller**, one of the oldest practitioners of Jo Daviess County Ill., died at his home in Hanover, November 9, from nephritis, after an illness of several months, aged 65.

'68. **Dr. Fernand Henrotin**, one of the prominent practitioners of Chicago, died at his home from myocarditis, December 9, after an illness of three weeks, aged 59. He was born in Brussels, Belgium, Sept. 28, 1847; the son of Dr. Joseph F. Henrotin, a well-known practitioner of Chicago from 1847 to 1875. He received his education entirely in Chicago, and after his graduation from the high school entered Rush Medical College, from which he graduated in 1868. From 1868 to 1870 he was prosecutor at Rush Medical College; surgeon of the police department for 15 years and for 21 years surgeon of the fire department. For several years he was surgeon of the First Brigade, Illinois National Guard. He served for many years on the medical staff of Cook County Hospital, and was president of the medical board. He was connected with the Chicago Polyclinic, and served as professor of gynecology, secretary, and later, and until his death as president of that institution. He was deeply interested in the new Polyclinic Hospital, which is now nearing completion. He was senior surgeon at the Alexian Brothers' Hospital, and gynecologist at the St. Joseph's and German hospitals. For many years he was a member of the A. M. A. He was a member of the Illinois State Medical Society, Chicago Gynecological Society, Association of Military Surgeons of the United States, Association of the Military Surgeons of the State of Illinois, and in 1896 he was president of the Chicago Medical Society. During his term of office, and under his special supervision and management, the reorganization was undertaken, which has resulted in more than trebling the membership of the society. For many years he was secretary for America of the International Congress of Gynecology and Obstetrics. Dr. Henrotin was a gynecologist of known repute and a bold yet conservative operator. He is said to have been the first operator in America to perform vaginal hysterectomy for suppurative pelvic disease. He has written many monographs of importance, most of which are on gynecological subjects. His

chapter on ectopic gestation in "Practice of Obstetrics" by American authors, and his article on gynecology in the International Text-Book on Surgery, are especially noteworthy. At the time he was stricken with his last illness, he had practically completed the section on vaginal hysterectomy for Kelly and Noble's gynecology. Dr. Henrotion was an ardent advocate of higher standards of medical education, and was especially interested in postgraduate work. He published a small brochure about two years ago on "Democracy of Education in Medicine," which set forth his advance views on the subject.

'96. **Aldin J. Dooley**, superintendent of Norwood Hospital and Sanitarium, Marion, Ind., a member of the Indiana State Medical Society and Grant County Medical Society, died in his apartments in Norwood Hospital, after an illness of several months, aged 34.

'72. **James W. Stanley** died at his home in Alexis, Ill., December 23, from angina pectoris, after an illness of two weeks, aged 65.

'94. **Charles Collins**, a member of the A. M. A., and one of the most esteemed practitioners of Lima, Ohio; for several years division surgeon of the C. H. & D. R. R., died at his home in Lima of heart disease, December 29, after a long illness, aged 38.

'91. **Henry C. Berger**, prominent as a social Democrat at Milwaukee, Wis., was taken ill in Racine, Wis., January 2, with heart disease, and died while being taken to the Emergency Hospital, Milwaukee, aged 42.

'78. **John L. Connolly**, for many years a resident of Harristown, Ill., died at his home in that village, January 1, from heart disease, after a long illness, aged 60.

'64. **James M. Still** died at the home of his daughter in Maryville, Mo., aged 80, and was buried on January 10.

'63. **James H. McNeel**, a member of the A. M. A., and a member of the legislature from Sheboygan, Wis., in 1870, was found unconscious in his buggy from cerebral hemorrhage on the evening of January 22, and died at his home in Fond du Lac the following morning aged 68.

'68. **John F. Shonts** died at his home in Momence, Ill., after a stroke of paralysis, January 15, aged 50.

'02. **Harry S. Allen**, a member of the A. M. A., died at the home of his father in Keithsburg, Ill., January 18, after an illness of several months, aged 29; cause of death not known.

'57. **A. A. Adair**, a former practitioner of Kelleny, Iowa, died at his home in Des Moines, Iowa, January 23, of apoplexy, aged 78.

'00. **John C. Beck**, an assistant in surgery at the Policlinic of Chicago, died at his home in Chicago, February 7, from tuberculosis of the throat, after an illness of three months, aged 38.

'86. **Frederick W. Jones** of Appleton, Wis., died at St. Elizabeth Hospital, that city, from pneumonia, January 29, after an illness of ten days, aged 45.

'97. **Luke M. Doyle** of Burnside, Chicago, a member of the A. M. A., died in Wesley Hospital, Chicago, February 9, from appendicitis, after an illness of one week, aged 32.

'99. **Emory G. Ireland**, formerly of Miles City, Mont., found dead in bed at the home of his cousin in Pittsburg, Kan., from heart disease; age not known.

'69. **Ezra K. Freirmoor**, a member of the A. M. A.; a veteran of the Civil War; a practitioner of Case, Howard and Miami counties, Ind., for 38 years, died at his home in Germantown after an operation on the liver; age not given.

'72. **Patterson L. McKinnie**, a retired practitioner of Evanston, Ill., a surgeon of the Civil War, died at Riverside, Colo., March 3, from heart disease, aged 62.

'78. **Joseph E. Senson** died at his home at Tipton, Iowa, from diabetes, aged 55.

'86. **Oscar R. Bluhart**, assistant physician at the Cook County Institutions at Dunning, died at his home in Chicago, March 12, from cerebral hemorrhage, after an illness of four weeks, aged 54.

'63. **Hiram M. Keyser**, on duty at Camp Douglas in 1862 and 1863; receiving and disbursing agent for the territory in Montana in 1866 and 1867; representative to the thirty-fifth General Assembly of Illinois, and for several years mayor of Momence, Ill., died at his home in that city, January 24, from angina pectoris, aged 72.

'77. **Charles M. Willis**, a member of the state and county societies and secretary of the local U. S. Board of Pension Examining Physicians, died at his home in Berlin, Wis., April 1, from neurasthenia, aged 57.

'69. **Joheil C. Kilgore**, a member of the A. M. A., died at his home in Monmouth, Ill., from septicemia, due to an autopsy wound; age not given.

'75. **Rinaldo D. Clark** died at his home in Akron, Iowa, December 7; cause of death not given, aged 64.

'69. **Edward O. F. Roler**, who received his degree of A.M. from De Raam University, Greencastle, Ind.; a member of the Cook County and Illinois State Medical Societies; during the Civil War assistant surgeon of the Forty-sixth and surgeon of the Fifty-fifth Illinois Volunteer Infantries, and later director of the Fifteenth Army Corps on the staff of Gen. W. T. Sherman and Gen. John A. Logan; for forty-five years a prominent practitioner and obstetrician of Chicago; for two years surgeon of the U. S. Marine-Hospital; professor of obstetrics and diseases of women and children; for many years in the Chicago Medical College medical department Northwestern University, and later professor emeritus of obstetrics. He retired from active practice about three years ago on account of ill health. Died at his home in Chicago, April 18, from chronic gastritis and interstitial nephritis, aged 74.

'87. **Walter A. Stephens** (honorary degree), said to have been the oldest practicing dentist in Chicago; treasurer of the Illinois State Dental Society in 1895, died at his home in Chicago, April 15, from the effects of a fracture of the hip, after an illness of almost a year, aged 76.

'50. **Edwin Gaylord**, Medical Department University at Nashville, Tenn., 1859; a veteran of the Civil War, and for many years a practitioner of Magnolia, Ill., died at his home at Pontiac, Ill., April 16, from pneumonia, aged 73.

'66. **John N. Graves**, a member of the Illinois State and Effingham County Medical Societies; during the Civil War surgeon of the Ninety-eighth Illinois Mounted Infantry and of the Fourth Michigan Cavalry, died at his home in Effingham, April 26, after an illness of five days; age not known.

'73. **David W. Edmiston**, a member of the Illinois State and De Witt County Medical Societies; a veteran of the Civil War, and an esteemed practitioner of Clinton, Ill., died at his home in that city, May 10, after an illness of two weeks, from pneumonia, aged 69.

'58. **Charles K. Kingan**, a member of the A. M. A., and a practitioner of Millersburg, Ind., for more than half a century, died at his home in that city, March 7, aged 75.

'89. **Thomas J. Baird** died at his home near Victor, Mont., April 13, from pneumonia, after a short illness, aged 42.

Respectfully submitted.

A. L. CRAIG.

ALUMNI NOTES.

Dr. E. W. Kleinman of the Class of 1900 was recently elected President of the Idaho State Medical Society. He lives at Hailey, Idaho.

Dr. E. H. Ruediger of the Class of 1903 is Associate Professor of Pathology and Bacteriology of the new Philippine Medical School at Manila.

Frederic D. Morse, of the Class of 1867, gives a course of lectures on the History of Medicine each year at the University of Kansas School of Medicine.

A recent letter from Francis F. Tucker, M.D., Pang Chuang via Te Chou, Shantung, China, to the College encloses a petition for Rush men to enter the mission work of China. The letter is signed by a number of our graduates who are located in the missions of China and whose names here appear: Drs. O. S. Behrentz, J. E. Skinner, R. E. Worley, F. F. Tucker, I. J. Atwood, W. A. Hemingway, A. P. Peck, T. J. N. Gatrell and J. Sjoquist.

Resolved, That the next meeting of the Rush Alumni shall be a hummer.

Resolved, That my dues are needed now and I will send them in now to DR. DAVID FISKE, 100 State St., Chicago, and thereby do my part to make it possible for the Fellowship Committee to fill the position of Fellow of the Alumni of Rush to do research work for the next year and to supply the Executive Committee with enough money in advance that they can make arrangements for the Great Reunion.

Resolved, That I will go in June, 1908, and have a good time with the boys.

AN APPEAL BY THE PRESIDENT OF THE ALUMNI OF "OLD RUSH."

In June of 1908 the American Medical Association will meet in Chicago. It is, therefore, up to the Alumni of Rush to "make good." You know "we all" claim that there is no Superior to "Old Rush." She has nearly 5,000 living Alumni in active practice in the United States. Let us show to the Medical Profession of this Country by our Alumni Meeting in June next that we are proud of our Alma Mater. But idle talk and boast will not show it; we need you as an active member of this Alumni Association of "Old Rush" who has paid his dues of \$1.00 a year, and your paying of your dues proves your loyalty to and your pride in your Alma Mater.

J. H. WM. MEYER, *Pres.*

The Bulletin

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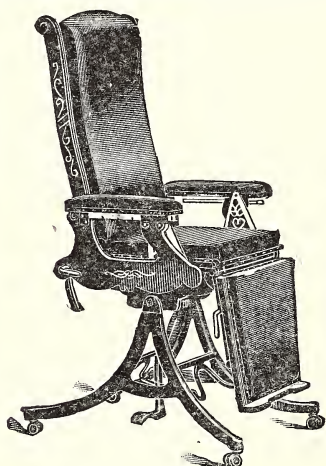
A separate letter is enclosed to those who have not paid their dues or contributed \$1.00 to the Fellowship Fund for the year ending with this issue. This will be done with each number of the "Bulletin."

SPECIAL OFFER

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GENERAL CONSIDERATIONS CONCERNING OPSONINS AND THERAPEUTIC INOCULATIONS OF DEAD BACTERIA.

LUDVIG HEKTOEN, M.D.

CHICAGO.

It has been shown conclusively that at least experimentally phagocytosis of many bacteria is dependent on certain substances, which become attached to the bacteria and so change them that they are taken up by polymorphonuclear leukocytes. These substances, whose discovery we owe to Wright and Douglas, are called opsonins.

We know that injection of animals with suitable bacteria, as well as with alien red corpuscles, may give rise to specific newly formed opsonins; and in human beings specific opsonins may arise either as the result of spontaneous infection or of artificial introduction of dead bacteria or bacterial products. By means of the opsonic index the fluctuations in the opsonin in the blood may be followed more or less accurately.

As you all know, an opsonic index is supposed to represent the relative amount of an opsonin in the serum of an individual as compared with the normal standard in that case. Speaking generally, the opsonic index with respect to a given bacterium is obtained by dividing the average number of bacteria taken up per leucocyte under the influence of the serum of the person in question by the average number taken up per leucocyte under the influence of standard normal serum under conditions that are absolutely comparable.

There seems to be a general agreement among investigators to the effect that after the injection of a suitable dose of bacteria there is usually a definite fall of the index of the injected animal followed by a rise above normal and more or less gradual return to the normal. It has been found, too, that in many infections there are distinct changes in the specific opsonic index; thus in acute infections, like pneumonia, diphtheria, etc., there is first a fall and then as the symptoms subside a definite rise. In more or less stationary local infections the index may be low or there may occur irregular fluctuations.

The demonstration that opsonins render bacteria susceptible to phagocytosis does not prove that they are of importance. It must be shown that phagocytosis is essential for the destruction of the bacteria. Denys several years ago showed that in mixtures of normal rabbit leukocytes and normal rabbit serum there was little or no destruction of virulent streptococci, whereas when immune serum, i. e., serum rich in opsonin, was substituted, prompt phagocytosis with complete destruction of the streptococci took place. The serum alone of normal persons and of patients with strepto-

coccus infections has no streptococcal effects, but constitutes a good medium for streptococci; Ruediger, however, has shown that normal defibrinated human blood has some streptococcal effect, that blood from patients with acute infections and leukocytosis has much greater destructive effect, and that the higher the leukocyte count the greater this effect. Rosenow has made analogous observations with respect to certain strains of pneumococci. Virulent anthrax bacilli grow freely in normal dog serum and in suspensions of washed dog blood corpuscles, but are destroyed in defibrinated dog blood, and this destruction is associated with marked phagocytosis. The essential rôle of intraleukocytic destruction of the bacilli is shown well in plates made with decreasing quantities of the blood. The destruction decreases as the corpuscles (leukocytes) decrease even when the total quantity in all the tubes is made the same by means of dog serum.

While these facts undoubtedly indicate that opsonification and phagocytosis play an important part in many infections, there is still much that is obscure, particularly as regards the neutralization of the toxic substances produced by the bacteria in question, and I would mention especially the resistance offered by many virulent bacteria to phagocytosis in human leukocytes. Infectious microbes after their entrance into the animal body may so change their characters that they become immune to the animal antibodies. By way of illustration, I may point out that Rosenow shows by elaborate experiments that virulent pneumococci absorb human opsonins and become susceptible to phagocytosis, whereas virulent pneumococci do not absorb opsonin and are insusceptible to phagocytosis. Inasmuch as pneumococci freshly isolated from the blood in pneumonia invariably resist phagocytosis, the manner of their destruction within the body still presents complex problems that cannot be discussed now.

For centuries it has been a matter of common knowledge that recovery from an infectious disease leaves behind a more or less well-marked immunity to that disease. Advantage was taken of this fact in the inoculation of smallpox, and later the success of vaccination suggested that possibly infection with attenuated virus in general would give the same protection as infection with the fully virulent. In 1881 Pasteur successfully protected sheep against anthrax by means of the injection of cultures of attenuated anthrax bacilli. The principle of artificial immunization or protective inoculation against disease of known microbic cause was now established, and it has been found that good protective reactions with the production of antibodies may result also from the infection of killed bacteria and of certain sterile bacterial products. The genius of Pasteur carried him still further when he conceived his preventive treatment of hydrophobia, which consists in the inoculation in an intensified manner of the modified specific though as yet unknown.

virus during the incubation period, the resulting reactions in favorable cases completely neutralizing the infection. The first to practice injections of bacterial products for curative purposes in an established infection was Koch when he introduced tuberculin as a remedy for tuberculosis. Petruschky and Richardson, each quite independently, attempted to hasten the reactions that lead to healing in typhoid fever by the injection of sterile products of typhoid bacilli. Other efforts in the same general direction might be given, but as the whole world knows, Wright is the one who has placed the treatment of infection in general by means of corresponding bacteria upon a more definite basis, and as the outcome of his enthusiastic advocacy the impression is growing that various infectious processes, especially when subacute and chronic, can be treated more or less effectively by the inoculation of the patient with proper doses of dead bacteria of exactly the same kind as cause the particular infection in question. Therapeutic inoculations of dead bacteria are based upon the following considerations:

(1) The power of suitable quantities of bacterial substances to stimulate the formation of specific opsonins and other specific antibodies.

(2) The belief that the increased formation of such substances may promote healing of the corresponding infections.

(3) The apparent inability of the body under certain conditions of natural infection to produce such substances in adequate quantities without special stimulation.

The essential prerequisites for therapeutic inoculation are: (1) Correct etiologic diagnosis; (2) sterilized pure cultures of the bacterium causing the infection in each disease or sterile products of such bacteria; and (3) the injection of proper doses at proper intervals so as not to unnecessarily lower the antibacterial power or cause other unfavorable disturbances.

As stated, at present interest is especially focussed on the methods elaborated by Wright and of which the essential feature is the use of such doses of killed bacteria as suffice to raise the opsonic index above normal.

The difficulties and the sources of error in the determination of the opsonic index seem to some to be so great that they question the reliability of the methods. The striking uniformity of certain outstanding results obtained by different observers under similar conditions, and the general harmony of these results with what one would expect on clinical and other grounds, seem to me to indicate that in competent hands the method is not wholly untrustworthy. On the other hand, it must be borne in mind that opsonins after all constitute only one of the bodies or groups of bodies produced in the reactions of immunity, and that consequently it may well be questioned whether they do constitute a reliable criterion of the antibacterial power under all circumstances.

While careful observers seem to agree that in the usual phagocytosis experiment the number of organisms taken up by the leucocytes, after allowing for the necessary error of experiment, is directly proportional to the concentration of the bacterial emulsion employed, there is no absolute proportionality between serum concentration and the number of bacteria taken up. Thus the number taken up may be nearly as great with one-half and one-quarter concentration of serum as with the full strength. This fact alone shows that the present method of opsonin determination is not as sensitive as desirable, as it may fail even under ideal general conditions to show differences actually present in the opsonin content of different sera, and it is quite probable that in the near future progressive serum dilutions will come into use in order to determine the relative amounts of opsonin just as are now used in making agglutination and precipitation tests.

Turning now to the consideration of the treatment of tuberculosis with immunization substances, it is interesting to note that Koch did not look upon his original tuberculin as an immunizing agent, but regarded the healing obtained as the result of more or less violent local reactions in the tuberculous foci. Now, however, the essential action of all tuberculin is ascribed to the stimulation of the machinery of immunization and the production of antibodies. The method of using tuberculin in whatever form is very important. At present there are at least two distinct procedures which Trudeau designated the laboratory method and the clinical method. By the laboratory method is meant the method prescribed by Wright and in which the opsonic index is the guiding factor. In this case the dose of tuberculin remains constant throughout. This treatment has met with greatest apparent success in chronic local tuberculosis elsewhere than in the lungs. Indeed, its value in pulmonary tuberculosis is, to say the least, questionable. The clinical method, which has developed more gradually during the past fifteen years or so and almost exclusively in connection with pulmonary tuberculosis, is controlled solely by the clinical course and manifestations. The original belief that definite coarse reactions are a necessary consequence of tuberculin treatment has been abandoned, and great care is now recommended not to give larger doses than the patient can tolerate without reactions.

The main difference between the two methods is this: The laboratory or opsonic method takes no special account of the production of immunity to tuberculin, whereas the clinical method aims and tends to produce immunity to tuberculin without clinical reactions. We know that animals can be immunized to tuberculosis and tuberculous patients may be made insusceptible to 10,000 times the amount of tuberculin that at first would cause signal disturbances. The coincident general improvement recorded in cases so treated shows that progressive increase in dose need not be harmful

whatever the state of the opsonic index in the meantime may have been.

As regards the actual value of tuberculin immunization in pulmonary tuberculosis I can express no personal opinion. Careful mortality statistics are one means that in time can furnish unquestionable evidence of the value of the treatment. Trudeau's figures are encouraging, as they show, at the end of a period of fifteen years, that of the patients treated with tuberculin from 18 to 25 per cent. more were alive than of those not treated. Trudeau expresses well the difficulties in the way of final conclusions when he says: "The more familiar one becomes with the varying course of chronic tuberculosis the easier it is to realize the difficulty of setting forth any positive evidence as to the favorable influence *per se* of any specific treatment when so many other factors influence the course of a disease in itself so erratic and varying in its manifestations." The results of inoculation treatment of other diseases should be weighed with a similar keen appreciation of the obstacles in the way of final judgment, and I think I am justified in saying that at present correct final estimation of the real value of therapeutic inoculation of dead bacteria is not possible because as yet mostly isolated cases have been reported, often, it is true, of quite marvelous cures, but, as the diseases concerned are largely spontaneously curable, a body of reliable statistics and much personal experience must accumulate before final conclusions may be drawn.

MILK.*

DR. JOSEPH E. GRISWOLD, '68.

MR. PRESIDENT, LADIES AND GENTLEMEN OF THE ACADEMY:—At the meeting of this Academy, two weeks ago, during the discussion of the paper upon "Dietetics," I warmly advocated the use of milk in preference to the various artificial foods which had been recommended by the author of the paper. In consequence of this I was rather facetiously asked to present a paper on milk, at my earliest convenience. In response to that request, I offer the following:

MILK—CANTO I.

In the early days of history
Which are so enshrined in mystery,
And the stories told about them are such hard ones to believe;
In the days of ancient Adam,
When the only living madam
Was the young girl of that period, whose maiden name was Eve;
It is said this man and woman,
I suppose because 'twas human
Then as now, and ever will be, while the worlds the same remain,
Without service, without clergy,
Without silver or liturgy,
Walked together, talked together, dined (?) together, and raised Cain.

* Read before the Grand Rapids Academy of Medicine. (Reprinted from the American Lancet, August, 1891.)

If you'll pardon the digression,
 And permit a plain expression
 From a man who's looking backward after some six thousand years,
 I will say, this act of sinning,
 Was, to my mind, the beginning
 Of the trouble we poor mortals suffer in the "vale of tears."

But I do not mind confessing
 I consider it a blessing,
 Notwithstanding it has brought us so much sorrow, so much pain;
 For this singular relation
 Made for us an occupation,
 And the Doctor chases sickness as the sunshine does the rain.

So I look on the transaction
 With complacent satisfaction
 From the standpoint of a Doctor, or perhaps an accoucheur.
 And I criticize them, never,
 And I bless them both, forever,
 In which radical expression I expect you to concur.

To return to Cain, the baby:
 Eve was ill, and Adam, maybe,
 Badly frightened by the crying and contortions of the boy,
 Took him in his arms, caressed him,
 Patted, cooed and fondly pressed him
 To his bosom, full of kindness, empty of the "infant's joy."

Vain were all attempts to quiet
 This new youth in search of diet,
 And his crying and his sobbing roused the mother from her rest.
 Lovingly she reached and took him,
 Instantly his cries forsook him,
 And he nestled in her bosom, with his mouth upon her breast.

Adam, wondering at the stillness—
 Fearful of some sudden illness—
 Mindful of his own transgression and the curse his sin had brought,
 Eagerly the babe inspected,
 Listened, pondered and reflected,
 Opened wide his eyes with wonder at the sight his vision caught.

Joy of joys! two flowing fountains
 Issued from two snowy mountains.
 "Succor! succor! and nepenthe," Adam shouted. "Let me sing
 Hallelujah! and Eureka!
 I have found it, no more seek a—
 Midst the garden for a diet fit for infant, fit for king."

CANTO II.

Of one thing I am certain, and that is, if Cain
 Had been kept on this pabulum, simple and plain,
 Had taken it fresh, and without sterilizing,
 With perfect digestion, no acid uprising,
 His brain had been clear, and his mind strong and stable,
 With never a thought in't of killing poor Abel.

But as he grew older, and cut his front teeth,
 And his gums became sore from the pressure beneath,
 And he fretted a little, and what was far worse,
 Awakened at midnight and wanted to nurse.
 His mother (of course her intentions were good),
 Raised the devil in Cain, for she altered his food.

I believe from that moment his trouble began,
 And he grew up a hardened and dissatisfied man.
 His appetite changed, and 'tis said he would choke
 At the cocoanut's milk or the cream of a joke,
 And the sweet milk of kindness in him became sour,
 And he never was happy again from that hour.
 Eructations of passion, as well as of gas,
 Were as common as "chumps" in a medical class,
 And—well you know how the curse upon Cain
 Followed that on poor Eve, and must never remain.

MORAL.

This original lactation,
 Was the sign for all creation
 That a food was there provided for the infant, well or ill;
 Milk, the healthiest of diet;
 Milk, the most nutritious; try it,
 Use it, prove it, recommend it; drink it—and I'm sure you will.
 GRAND RAPIDS, MICH.

RETRIBUTION.

Once on a time—not so long ago—
 Perhaps not more than a month or so,
 Two pale lung-bugs from the city of "San"
 (Both looking discouraged—if lung-bugs can)
 Appeared at the Styx at the eventide,
 And called "Ho! Ho! for the other side."

A boat was lying just off the shore,
 And in it, old Charon, with idle oar;
 He winked one eye at the luckless pair,
 And said, "Did you speak to me, out there?"
 The bugs replied, "Aye, aye, aye, aye,
 We're anxious to bid this world good-bye,

And try the folks on another sphere;
 Pray help us to get away from here.
 We are two lung-bugs, we have but just come
 From the 'Apted-Koon sanatorium.
 They have turned us out and we're frozen quite
 By the air out there; we're in sorry plight.
 And so, good friend, appeal to you to
 Convey us to the shores of Pluto."

Old Charon dipped his oar in the stream,
 While his black eyes shone with a wicked gleam.
 "It's certain you haven't lived in clover,
 Get into the boat, I'll row you over.
 These bugs have other bugs to bite 'em,
 And those bugs, bugs, *ad infinitum*,"

He said, and added, "I'll show these chaps
 A trick that they don't know, perhaps.
 For it's 'dog eat dog' upon that coast,
 And 'the devil take the hindermost.'"
 He winked again, and he softly swore,
 Then silently shoved his boat ashore,
 And with a quiet, sardonic grin,
 Extended his hand and helped them in.

They landed safe on the other side,
 In fact, they had quite a pleasant ride.
 For Charon grew playful and witty, quite,
 As the earth-world was lost to sight,
 But the euthanasia for which they prayed,
 Will be many and many a year delayed.

Awaiting the boat on the Stygian shore,
 Were a million bacilli—less or more—
 (And of cocci, more than a million score)
 That the faithful doctors throughout the earth
 Had banished as soon as they had birth,
 Which, with one accord, began to say,
 "O, you're the tubercle bacilli, eh?"

"We'll teach you fellows a lesson, new,
 For we'll just proceed to feed on you.
 There are no live phagocytes about,
 And no opsonins to help them out.
 So, while you are rather thin, 'tis true,
 You pray for food and we'll prey on you."

Soon both of these lung-bugs took to bed
 With la grippe bacilli in the head.
 And in each gullet there roamed about
 Klebs Loeffler bacilli, strong and stout.
 Bacillus typhosus, too, infestin'
 The stomach and the small intestine.

Anthraxis and beribericus,
 Spirillum, tetani and foetidus,
 And staphylo and streptococcus,
 And others, to mention which, would shock us.
 For no bacilli and no cocci
 In the realm of Pluto passed 'em by.

The moral in this is the thing to hold,
 When you are on top, don't be too bold.
 Consider the weakness of human kind,
 To human frailties be always blind;
 Don't tackle the weak, but help each other;
 And treat each man as a friend and brother.
 So, change your course if your conscience pricks,
 Remember conditions across the Styx.

—J. B. GRISWOLD, M.D.

(From the U. B. A. Hospital Training School Alumnae Journal, April, 1907.)

BIOGRAPHICAL SKETCHES.

'51. **Benoni O. Reynolds**, Lake Geneva, Wis., entered Rush in 1850. He retired from active practice in 1905. He was graduated from the New York Ophthalmological College in 1861. He was commissioned surgeon of the Third Wisconsin Cavalry in 1861 and served until 1865. He was appointed with one other to direct and sanction all operations in the Army of thirteen regiments with which he was connected. He was president of the State Medical Society in 1897. He is a member of the Walworth County Medical Society and the A. M. A. He is an honorary member of the Wisconsin State Medical Society. The doctor has written numerous articles, principally of a sanitary character. He enlisted in the Mexican War, but had no service on the field. During 1884 and 1892 he was a member of the State Board of Health. He was a member of the State Assembly in 1876 and of the State Senate in 1879. He was president of the village of Geneva for eight years. He is a member of the Military order of the Loyal Legion and the G. A. R. He is married and has two sons, both of whom, James C. and Willis S., are physicians. James C., '70, is a graduate of Rush Medical College.

'56. **David La Count**, Wausau, Wis. Entered Rush in 1854. He has retired from active practice for about five years. In 1875 he took six weeks' postgraduate work at Rush Medical College. He was an interne at Mercy Hospital in 1854 and 1855. He practiced since graduation at Chilton for thirty-five years and then at his present location. During the Civil War he was assistant surgeon in the Fourteenth Wisconsin Volunteer Regiment. He was first medical attendant to the Marathon County Insane Asylum. He was first president of the Marathon County Medical Society. He is a member of the Marathon County and the Wisconsin State Medical Societies and the A. M. A. He is married and has one child, a daughter. A brother, Louis La Count, was a graduate of Rush in '67.

'57. **John H. Tyler**, Clinton, Ill. Entered Rush in 1856 after having taken a course of lectures at Columbus, Ohio. He retired from active practice about five years ago. His preparatory training was received at the academy at Mansfield, Ohio. He practiced from 1857 to 1888 at De Witt, Ill. He has taken postgraduate work at Cincinnati, winter of 1860, and at Rush spring of 1882. He was surgeon for the Illinois Central Railway, 1871 to 1886. He was U. S. pension examiner for three years. He has been president and secretary of the De Witt County Medical Society. He is a member of the De Witt County and Illinois State Medical Societies. He is a Mason and has been master and deputy grand master. He was a member of the State Legislature for two terms, 1875 to 1876, and 1879 to 1880. He is married and has had three children of whom two daughters are living. One, Aldora J. Tyler, is a graduate of the old Northwestern University Woman's Medical College in Chicago, '85, and is practicing at Clinton, Ill.

'60. **Edward L. H. Barry**, Jerseyville, Ill. Entered Rush in 1859. He is not actively engaged in practice. He made a specialty of internal medicine. He practiced from 1860 to 1867 at Delhi, Ill. He was prepared at St. Stephen's College, Cork, Ireland, class of 1850. He has done postgraduate work in the Missouri Medical College, winter of 1867. He was assistant surgeon in the Eightieth and One Hundred and Thirtieth Illinois Volunteer infantry, 1862 to 1864. He was county physician for Jersey County for twenty years and health officer of Jerseyville, Ill., for two years. He is not now a member of any medical society, having retired. During the Civil War he raised a company, Company H, Ninety-seventh Illinois Volunteer Infantry, in Jerseyville, Ill. He was mayor of the city of Jerseyville in 1883, 1885 and 1886. Served as alderman from 1865 to 1870. He was a member of the Board of Education from 1882 to 1883. He is a warden in the Episcopal Church and a member of the K. of P. He is

married and has had four children, three of whom are living. A son, Edward L. H. Barry, Jr., M.D., died in 1897.

'60. **John Bowen Baker**, Pontiac, Ill. Entered Rush in 1858, having prepared at Brookville College, Brookville, Ind. He retired from active practice in 1904. He practiced from 1860 to 1861 at Griggsville, Ill., and Dwight, Ill., 1865 to 1876. He has taken postgraduate work at Rush in 1876 and 1877 and also in 1903 and 1904. He is now president of the Livingston County Medical Society. He has been surgeon of the C. & A. and I. C. railways. He was physician of the Illinois State Reformatory, Pontiac, 1891 to 1898. During the Civil War he had charge of the hospital at Cairo, as a member of the Eighth Illinois Infantry for three months in 1861. In August, 1861, he enlisted in the Third Illinois Cavalry and served as hospital steward until March, 1862. He was promoted to first lieutenant and in the following July promoted as captain of Company B, Third Illinois Cavalry, and served as such until Sept. 4, 1864, when he was mustered out. From Nov. 1, 1864, to June 1, 1865, he was acting assistant surgeon, U. S. A., on duty at Memphis, Tenn. He was made major in the Logan Cavalry during the Spanish-American War, but was not mustered in, as the regiment was not called into active service. He is a Mason, a member of the Loyal Legion and of the Grand Army of the Republic. He is a widower and has had five children, one of whom is living. A nephew, Edwin Kline, at one time attended Rush Medical College.

'60. **Charles M. Smith**, Evansville, Wis. Entered Rush in 1856. He was prepared at the Albion Academy, Albion, Wis. He has practiced since graduation for two years in Footville, Wis.; one year in Elm Point, Ill. He retired from active practice two years ago on account of disability. He was graduated from Bellevue Hospital Medical College in 1873. For three years he served as assistant surgeon in the Thirteenth Infantry, Wisconsin Volunteers, during the Civil War. He had charge of a smallpox hospital at Stevenson, Ala., a convalescent camp at Edgefield, Tenn., and he was at the battles of Lookout Mountain, Chattanooga and Chickamauga. He is Post surgeon of the G. A. R. of Evansville, Wis. He has been an honorary member of the Wisconsin Pharmaceutical Association since 1882. He is a member of the Wisconsin State Medical Society and the A. M. A. He is married and has two children, the son, Charles M., is a graduate of the Class of '90.

'61. **Richard Edley McVey**, Topeka, Kan. Entered Rush in 1859. He was prepared at public schools and under private tutors. He has practiced since graduation in Waverly, Ill., for over twenty-five years and in Topeka, Kan., for about twenty-two years. He was in general practice until eighteen years ago, when he began teaching in the Kansas Medical College, now a department of Washburn College of Clinical Medicine, and later he was connected with the department of Skin and Venereal Diseases. He was first president of the Morgan County Illinois Medical Society. He was a delegate to the American Medical Association, 1864. He was a member of the Illinois State Medical Society and is now a member of the Shawnee County and the Kansas State Medical Societies. He has been president of the Eastern District Kansas Medical Society. He is married and has had seven children, three of whom are not living. One, William Edley, took his first course at Rush, but on account of change of residence, was graduated at Kansas City Medical College.

'61. **W. B. Graham**, Noblesville, Ind. Entered Rush in 1860. He was prepared at the Academy of West Sunbury, Pa. He has practiced since graduation in Clarkeville, Ind., 1861 to 1862, and then he was in the Civil War for two and one-half years. He is still in active general practice. He was surgeon of the One Hundredth and First Indiana Volunteer Infantry from February, 1863, until the close of the war. He was captured at Chickamauga Sept. 20, 1863, and was released from Libby Prison Nov.

24, 1863. He is the surgeon for the L. E. & W. Railway and secretary for the U. S. Pension Examining Board and secretary of the City Board of Health. He has written numerous papers on subjects pertaining to internal medicine. He is a member of the Hamilton County and Indiana State Medical Societies. He is a Methodist and a Republican. He is married and has six children, all of whom are living.

'61. **Henry Vantyle Passage**, Peru, Ind. Entered Rush in 1860. He was prepared at the Indiana University with the degree of A.B. He is still in active general practice. He attended a second course of lectures at Rush in 1862 and 1863. He was graduated from Bellevue Hospital Medical College in 1868. He is a member of the Miami County and the Indiana State Medical Societies. He was three times elected to the Indiana State Legislature. He is married and has had two children, one of whom is living. A brother-in-law, Berry W. Cooper, was of Rush, '55.

'62. **William Rush Patton**, Charleston, Ill. Entered Rush in 1860. He was prepared at public schools and one term at Hanover College, Ind. He has practiced since graduation in Palestine, Ill., until 1865 and since then at his present location. He is still engaged in active general practice. He has taken one term postgraduate work at Rush Medical. He is a member of the Esculapian Medical Society of Wabash Valley. He is married and has had five children, one of whom is living, Dr Jacob Allen Patton, who is assistant professor of genitourinary diseases of Rush Medical College, and is a graduate of Rush Medical College of the Class of '90.

'62. **Holland W. Richardson**, Marengo, Ill. Entered Rush in 1861. He had previously obtained a diploma from the Eclectic Medical College of Cincinnati in 1860. His diploma from Rush was burned in the Chicago fire, but he received a certificate from the State Board of Health dated June, 1878, stating that he was a graduate of Rush Medical College. He has practiced since graduation in the following: Harvard, Ill., 1860 to 1866; Woodstock, 1866 to 1871; Chicago, Ill., 1871 to 1879; Lena, Ill., 1879 to 1884, and at his present location since. He is a member of the Fox River Valley Medical Society. He is a Mason, an R. A. M. and a Knight Templar. He was a member of the Methodist Church for fifty-six years, but now is a member of the Presbyterian Church. He is a Republican. He is married and has had six children, three of whom are living. A brother, Charles M. Richardson, was a graduate of the Class of '65 of Rush. He is not in general active practice. He does only an office business and has the care of a drug store. He attended Mt. Morris Seminary, Mt. Morris, Ill., for three years. His postgraduate work consists of the following: Bellevue Hospital Medical College, winters of 1864 and 1870; also the Postgraduate School of Chicago, winter of 1894. He was a member of the U. S. Board of Pension Examiners while at Woodstock, Ill. He was surgeon for the Illinois Central Railway while at Lena, Ill., and is examiner for several life insurance companies.

'63. **John W. Dean**, Maryville, Mo. Entered Rush in 1862. He was prepared at Asbury University at Greencastle, Ind. He has practiced since graduation in Gosport, Ind., from 1864 to 1868. He is still engaged in general active practice. He received an honorary degree from Jefferson in 1864, after attending one year's work. He took postgraduate work at the Kentucky School of Medicine, 1893 to 1894. During the war he was surgeon connected with the Sixty-seventh Indiana Regiment. He belongs to the Nodaway County and the Missouri State Medical Societies. He is married and has five children.

'63. **George F. Heidemann**, Elmhurst, Ill. Born in Hanover, Germany, Feb. 10, 1839. Entered Rush in 1862. He was prepared at public schools and with four years as a druggist. He took his first year of medicine at Ann Arbor. He retired from active practice four years ago and has practiced at his present location since the end of the war. He was Post surgeon

at Springfield in Camp Butler during the spring of 1863 and later served as surgeon with the Fifty-ninth Illinois Volunteer Infantry for two years. He was coroner for DuPage County for ten years. He has been school director at Elmhurst for eighteen years and was city treasurer for fifteen years. He is married and has had six children, five of whom are living.

'64. **W. E. Dawson**, Eldorado Springs, Mo. Entered Rush in 1862. He was prepared at the State University of Missouri. He has practiced at his present location since graduation. He is still engaged in active general practice. He has been a member of the U. S. Board of Pension Examiners for sixteen years. He has been local surgeon for the M. K. & T. Railway for twelve years. He has also acted as county and city physician. He is a Mason and an Odd Fellow. He is married and has three children, one of whom, John W., is a physician.

'64. **Sampel J. Avery**, Chicago, Ill. Entered Rush in 1862. He was prepared at Waukegan Academy. He has practiced since graduation at his present location. He is still in active general practice. He is a Mason and a Knight Templar, and is a member of the Universalist Church. He is a widower and has one daughter.

'64. **Peter S. Macdonald**, Chicago Ill. Was born in Scotland. Entered Rush in 1862. He was prepared at St. Andrews High School, Nova Scotia. He has practiced in his present location since graduation. He is still engaged in active practice. He did postgraduate work with Professor Klebs about ten years ago. During the years 1863 and 1864 he was assistant to Daniel Brainard. In 1871 he was elected demonstrator of anatomy and in 1874 was elected professor of anatomy of the Woman's Hospital Medical College. He is a member of the Chicago and the Illinois State Medical Societies. He is a widower and has had six children, two of whom are living.

'64. **Titus P. Yerkes**, Upper Alton, Ill. Entered Rush in 1862. He was prepared at Shurtleff College, Upper Alton, Ill. He has practiced since graduation at his present location. He received the degree of B.P. He is still in active general practice. He was acting assistant surgeon, U. S. A., during Civil War and placed in charge of the Post Hospital at Camp Butler near Springfield, Ill., and served until the close of the war. He served as a member of the U. S. Pension Board of Examiners at Alton, Ill., for eight years. He is a member of the Alton City, Madison County, Illinois State Medical Societies and the A. M. A. He is married and has had three children, one of whom, Dr. Lathy L., is a graduate of Washington University, A brother-in-law, Thomas B. Spaulding, '69, is a graduate of Rush.

'65. **John Becker**, 2062 West End Avenue, Chicago, Ill. Entered Rush in 1864. He was prepared at the St. Louis Medical College, 1857, 1858. He retired about three years ago. He has practiced since graduation as follows: Palatine and Barrington, Ill., 1866 to 1869; Brighton and Sigonney, Iowa, until 1875; Altona (Knox County), Ill.; in 1890 moved to Aurora, Ill., and since then in Chicago. He served during the Civil War as assistant surgeon for the Thirteenth Kansas Infantry for nearly two years. He resigned on account of sickness. He is a member of the G. A. R. He is married and has no children.

'65. **John H. Harrah**, Switz City, Ind. Entered Rush in 1864. He was prepared at public schools. He practiced from date of graduation in Raritan, Ill., until March, 1868; in Linton, Ind., until 1869; Bloomfield, Ind., and Solsberry, Ind., until 1883, and at his present location since then. He is still engaged in active general practice. He has been on the U. S. Pension Board of Examiners in Worthington and Bloomfield, Ind., for the past thirteen years. He is a member of Greene County and Indiana State Medical Societies. During the Civil War he was first lieutenant of Company B, Ninety-first Regiment Illinois Volunteers. He has been a member of the Christian Church since 1852. He has been married twice and has had five children, three of whom are living.

'65. **George A. Stevenson**, Rising Sun, Ind. Entered Rush in 1862. He was prepared at public schools. He has practiced at his present location since graduation. He is still engaged in active general practice. He has been health officer for Ohio County since 1890. He is a member of the Dearborn County Medical Society. He is a Presbyterian and has been president of the City School Board for twelve years. He is married and has had four children, all living. Two sons are physicians. One, Frank H., '04, is a graduate of Rush.

'65. **Andrew Jackson Rodman**, Delavan, Wis. Entered Rush in 1864. He was prepared at Schoharie Academy, N. Y., the Conference Seminary at Charlotteville, N. Y., and was graduated from the Union College, Schenectady, N. Y., in 1854, with the degree of A. B. He is still in active general practice. He has practiced since graduation at Huntley, Ill., 1858 to 1874; Darien, Wis., 1874 to 1883, and since then at his present location. He is a member of the Walworth County and Wisconsin State Medical Societies. He was professor of anatomy in the Wisconsin Dental College. At one time he was professor of Latin and ancient history in the New York Conference Seminary. He has been a justice of the peace in Darien and Delavan and a police justice in Delavan. He was president of the Delavan Library Association. He is a Mason and a Republican. He is married and has had four children, three of whom are living.

COLLEGE ITEMS.

Under this heading there will be printed from time to time items of interest to the undergraduates and the alumni about the college. This department will be conducted by a committee from the senior class. The members of the present committee were appointed by the president of the class of '08 as follows: Arthur E. Lord, chairman; Newell H. Bullock, Willard W. Dicker, Charles D. Hare.

The class of '08 will have the distinction of assisting in the entertainment of the greatest number of Rush Alumni that has ever been or probably ever will be gotten together at its commencement exercises next June. It has been a long time since the American Medical Association has met in Chicago. We will probably never have as large a number of living alumni as we now have. Classes are smaller and will never be as large as they once were. It is appropriate then that we publish a list of the class officers as here given:

OFFICERS OF CLASS OF '08.

President.....	David N. Roberg
First Vice-President.....	John W. Green
Second Vice-President.....	H. S. Spencer
Corresponding Secretary.....	F. O. Fredrickson
Recording Secretary.....	A. R. MacMahon
Valedictorian.....	Floyd Riley
Treasurer.....	David A. Horovitz
Chaplain	Alfred Straus
Poet.....	Leila DeEtte Jackson
Chorister.....	Isaac E. Livitas
Historian.....	Mary Sophia Ross

Council.....	A. J. Rosholt, Charles B. Hare, Casriel J. Fishman
Executive Committee..	Carl G. Lindeblad, Harry W. Sims, Forest L. Parsons
Essayist.....	Carl H. Hoode
Librarian.....	Newell H. Bullock
Sergeant at Arms.....	H. E. Webster

ALUMNI NOTES.

Lewis F. Bennett, of the Class of 1886, is an active member of the school board of Beloit, Wisconsin, and is also a member of the Wisconsin State Board of Medical Examiners.

Arthur F. Barnette, of the Class of 1904, of Joplin, Mo., was married to Miss Pauline Crouse, of Citronelle, Alabama, on September 25. THE BULLETIN extends hearty congratulations.

Dr. Martin H. Fischer of the Class of 1901 is Professor of Pathology at the Oakland (Cal.) College of Medicine and Surgery and is also a member of the Publication Committee of the *California State Journal of Medicine*.

Julius P. Sedgwick, of the Class of 1899, is now Instructor in Physiological Chemistry in the College of Medicine and Surgery of the University of Minnesota, and Thomas W. Stumm, of the Class of 1901, is Clinical Instructor in Medicine.

ERRATUM.

In the last issue of THE BULLETIN for "Neurologist's Report" read "Necrologist's Report."



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OFFICERS:

PRESIDENT—J. H. Wm. Meyer, '76, La Porte, Ind.
 FIRST VICE-PRESIDENT—C. A. Armstrong, '87 - - - Boscobel, Wis.
 SECOND VICE-PRESIDENT—W. E. Ham,, '82 - - - Beattie, Kan.
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The following classes are scheduled for a reunion next June, some others are planning also for reunions and there will be many from all the other classes, '53, '58, '63, '68, '73, '78, '83, '88, '93, '98 and '03.

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HYPERCHLORHYDRIA.

BERTRAM W. SIPPY, M.D.

Professor of Medicine, Rush Medical College.

CHICAGO.

Hyperchlorhydria designates a condition in which an abnormally great quantity of hydrochloric acid is secreted during the time that food is in the stomach. The digestive ferments are also usually correspondingly increased.

Under normal conditions the secretion of hydrochloric acid begins with the ingestion of a meal and ceases when the chyme is emptied into the duodenum. During the early stage of gastric digestion the albuminous elements of the food combine all of the hydrochloric acid secreted. At the end of one or two hours, or slightly longer, depending on the quantity and quality of food eaten, all the albumin of the food having been saturated or chemically combined, hydrochloric acid appears as uncombined or free hydrochloric acid.

Normally there is always a sufficient quantity of hydrochloric acid secreted to more than saturate the albumin of the food. It is only when uncombined hydrochloric acid appears in excess to the normal surplus that we can properly speak of a hyperchlorhydria. The physiological activity of the secreting glands of the stomach is abnormally great.

The subjective symptoms of the condition are referable chiefly to the irritation produced by the excessive quantity of hydrochloric acid upon the nerve endings of the mucous membrane of the stomach and the adjacent esophagus. The following subjective symptoms are usually present: Gastric discomfort, appearing from one to two hours after eating, often combined with eructations of gas, a feeling of fulness, a burning sensation in the stomach, so-called "heartburn," acid pyrosis, rarely nausea, and still more rarely vomiting. The uncomfortable distress is temporarily relieved at once by a spoonful of sodium bicarbonate, the ingestion of food or the induction of vomiting. Mild cases present occasional attacks of slight discomfort, sour stomach or heartburn, following some indiscretion in diet; possibly excessive smoking or some nervous strain. Many times the attack occurs without apparent cause; the distress may be present after only one or perhaps a dozen meals, and then freedom from discomfort may obtain for several weeks. Severe cases are annoyed more or less after nearly every meal more or less periodically for several weeks at a time. In some instances symptoms are present in varying intensity for years at a time. Patients thus seriously afflicted usually restrict their diet because of the fear of distress after eating; they lose weight, become irritable, and form by far the largest contingent of the chronic dyspeptics that too frequently are compelled to go from one physician to an-

other seeking relief from a malady that depresses, annoys and often alters the character of the individual. Unfortunately the physician consulted too often believes that the discomfort present during the period of digestion in such cases is due to lack of gastric secretion. This leads to the common and erroneous practice of prescribing hydrochloric acid and pepsin for a condition in which hydrochloric acid is already present in quantity sufficient to cause distress. Fortunately little direct harm is done by such irrational prescribing, since ten to fifteen drops of dilute hydrochloric acid is but a drop in the bucket as compared with the large quantity of hydrochloric acid already present in the stomach.

Belching is a very common symptom of hyperchlorhydria; in fact, gaseous eructation is more pronounced and occurs with greater regularity in hyperchlorhydria than in any other disorder of the stomach. It is another common error to prescribe charcoal tablets or antiseptics, such as creosote, and carbolic acid, believing that the belching in such cases is due to fermentation. Gastric fermentation does not occur except when chronic stagnation of food exists. Constant retention of food in the stomach rarely occurs except when pyloric obstruction is present. If an ordinary meal is given at night and no food is present in the stomach the following morning before breakfast, gastric eructation is not due to fermentation.

While the clinical picture, when well developed, is fairly characteristic of the condition, somewhat similar symptoms may be present in other disorders of the stomach. Accuracy in the diagnosis of the condition is easily obtained by chemical analysis of the stomach contents. A test breakfast, or series of two or three test breakfasts, consisting of about 60 grams of bread and 300 or 400 c.c. of water removed at the end of an hour and filtered, affords a simple means for such a determination. Normally the total acidity ranges from 40 to 60 in terms of sodium hydrate. Free hydrochloric acid ranges from 20 to 40. In severe cases of hydrochlorhydria the total acidity may be as high as 100 or even higher, and not infrequently 6, 8 or even 10 c.c. of a decinormal solution of sodium hydrate are required to neutralize the free hydrochloric acid in 10 c.c. of the filtrate. When more than 4 c.c. are required to neutralize the free hydrochloric acid hyperchlorhydria is said to exist.

Hyperchlorhydria thus determined may or may not be associated with symptoms. Whether symptoms are present or not will depend largely upon the sensitiveness of the nerves of the mucous membrane of the stomach and adjacent esophagus. If the acidity is only moderately increased above normal, subjective symptoms may be absent. Even a very high grade of hyperchlorhydria may be present and symptoms entirely absent. Such a case is spoken of as "latent hyperchlorhydria."

The rather arbitrary boundary thus imposed by chemical analysis in defining the condition hyperchlorhydria is not to be followed in practice. It happens not infrequently that the symptoms of a pronounced hyperchlorhydria are present when a normal, or even less than normal, quantity of hydrochloric acid is secreted. In about one-third of all cases in which the clinical manifestations of hyperchlorhydria are present chemical analysis shows a normal acidity. In such cases the nerves of the mucous membrane of the stomach and esophagus are hyperesthetic to acids, as emphasized first by Talma. Such cases are symptomatically hyperchlorhydrias, and are clinically inseparably related to the hyperchlorhydrias, in which chemical analysis shows an excess of hydrochloric acid in the gastric secretion. It is well to bear in mind that the varying sensitiveness of the nerves of the mucous membrane to acidity plays as much of a rôle in the fluctuating picture of hyperchlorhydria as the varying grades of acidity. Fortunately all three forms of hyperchlorhydria are amenable to much the same treatment.

TREATMENT.

Although diet is all important in the treatment of hyperchlorhydria, etiology must be taken into account in each case. The following causes are operative in producing the clinical picture, probably by rendering both the secretory and the sensory nerves of the gastric mucosa irritable and hypersensitive. Hyperchlorhydria is said to be on an idiopathic or nervous basis when certain ill-defined states of the nervous system seem to be responsible for the condition. The glands of the mucous membrane of the stomach being anatomically normal, the quantity of secretion is governed very largely by the nervous system in immediate control. Hyperchlorhydria is found frequently in neurasthenics—spare, nervous people. The secretion and the sensitiveness of the stomach are apparently influenced by mental states, nervous shock and emotional disturbances. Worry and fatigue may precipitate an attack. The gastric crises of tabes are often associated with hyperchlorhydria.

Benign obstruction at the pylorus is a very frequent anatomical cause of hyperchlorhydria. Ulcer, with or without pyloric spasm, is the most frequent anatomical cause. In the irritative stage of gastritis a hyperchlorhydria may be present. Certain toxic causes, chiefly the abuse of alcohol and tobacco, are operative in many cases. Hasty eating, the ingestion of improperly prepared foods and over-eating may contribute to the condition. Chlorosis is frequently attended by hyperchlorhydria. In the treatment of the symptom complex attending or associated with hyperchlorhydria the above etiological factors must be duly appreciated and combated as far as possible. Fortunately, by close attention to diet alone, a goodly proportion of the cases may be satisfactorily treated. The

diet must fulfill the following indications: (1) Irritation of the sensory and secretory apparatus of the mucous membrane of the stomach by food and drink must be reduced to the minimum. (2) The food may well contain a liberal quantity of albumin to combine with the excessive hydrochloric acid. It is the free acid that is most irritating. (3) The diet must be sufficiently nourishing. A system of forced feeding is of especial value when malnutrition is present.

Pickles, potato salad, fried potatoes, coarse nuts, radishes and similar coarse articles should be avoided. Such chemical irritants as coffee, spices, sharp condiments, mustard, peppers, vinegar, acids, including lemonade and vinegar, and alcoholic drinks should be avoided. Excessive smoking may be a pronounced causative factor in a given case. Hot and cold drinks and hot and highly seasoned soup should be avoided. The danger from eating moderately from good cake and pastry is greatly over-estimated. It should be particularly emphasized that all food should be soft in consistency and finely divided before it is placed in the mouth. Prolonged mastication has a tendency to excite the secretion of hydrochloric acid. While in all cases the diet should be a mixed diet containing albumin, fat and carbohydrates in the beginning of the treatment at least, advantage is often gained by giving a liberal quantity of albumin. When finely divided it is non-irritating and combines a maximum amount of hydrochloric acid. Vegetable albumin is given the preference by some; others prefer animal albumin. Personally I have employed a liberal quantity of albumin in the form of milk, eggs and meat with the most gratifying results. Milk is especially non-irritating to the sensory nerves and secretory glands of the stomach. Fat in the form of butter and cream is not only well tolerated and meets the indication for increased nourishment, but tends to reduce the quantity of hydrochloric acid secreted. Theoretically, carbohydrates should be restricted in the treatment of hyperchlorhydria. Normally the digestion of the starches, under the influence of ptyalin from the saliva, takes place during the first half hour or hour after food is ingested. As soon as a certain degree of acidity is attained, resulting from the union of albumin and hydrochloric acid, even before hydrochloric acid appears as a free acid, the action of ptyalin is inhibited and the digestion of starches in the stomach ceases. In hyperchlorhydria the over-abundant secretion of hydrochloric acid soon puts an end to starch digestion in the stomach. However, carbohydrates can not be excluded from a diet for any considerable length of time, even if it were desirable. During the early treatment of hyperchlorhydria it is often a good plan to restrict the starches, at least moderately, and to give them in a partly digested or dextrinated form, such as toast, zwieback or the crusts of bread; well-cooked rice, oatmeal and other cereals may be given. Vegetables should be administered

in a finely-divided state, approaching the consistency of a vegetable puree. The nearer food of all kinds approaches the liquid state the more readily the pylorus allows it to pass. The shorter the time food remains in the stomach the shorter the duration of gastric secretion; the less acid secreted the less resulting irritation to the nerves of the gastric mucosa; thus by careful diet the vicious circle is favorably influenced.

In practice the following plan may be adopted in most cases with success: The diet for a man weighing 160 pounds during the first week or ten days may well consist of a quarter of a pound of rare steak, roast beef, well-cooked veal, mutton, lamb, chicken or turkey, well teased apart with knife and fork; two slices of bread toasted, or an equivalent quantity of bread in the form of zwieback; a glass of equal parts of milk and cream, a liberal quantity of butter and, if desired, a soft egg. The above may be taken each meal, three times a day. It is well to prescribe a powder of sodium bicarbonate and calcined magnesia, equal parts, with directions to take one teaspoonful of the powder in a half-glass of water after meals when discomfort appears. As a rule the patient has little or no discomfort from the very beginning of the dietetic treatment. There may be a slight sense of fulness, but usually that is not marked and soon disappears. It is quite the rule to hear from the patient that he did not take the powder because he had no discomfort. In some cases the powder may have been taken two or three times during the week. A gain in weight from one to two pounds is usually recorded during the week. The diet may then be enlarged by adding well-cooked rice and oatmeal. Less meat may be eaten and eggs and vegetable albumin substituted. Mashed potatoes and other vegetables, such as peas, in as near puree form as possible, may be added. At the end of two or three weeks practically a normal diet may be resumed. The patient should be instructed, however, to avoid the articles previously enumerated as harmful, and when an attack appears to resume for a few days the restricted diet.

If constipation has previously been present the restricted diet advised during the first week has a tendency to still further increase the difficulty. In such cases the powder of sodium bicarbonate and calcined magnesia, previously mentioned, may be taken one hour after each meal until it is possible to enlarge the diet so as to include vegetables containing a sufficient residue to cause natural movements of the bowels. In exceptional cases, particularly when dealing with highly sensitive and neurotic individuals, it may be necessary to enforce a period of rest, change of work or surroundings during the first two or three weeks of treatment. In the vast majority of cases, however, the patient is able to continue his usual vocation. Moderate doses of bromids may be of striking benefit in certain cases. Sleeplessness should be controlled by the

use of veronal or some other mild hypnotic, if necessary. Most patients with serious hyperchlorhydria voluntarily abstain from food for fear of consequent discomfort. It is, therefore, not uncommon to see patients who have lost from thirty to thirty-five pounds or even more in weight. After assuring them that they have no serious malady and placing them on a proper diet, it is to be expected that they regain at least two and a half or three pounds per week. The milk and cream, eggs and soft cereals, mashed potato, bread and butter should be continued in liberal quantity until the patient has regained his normal weight and exceeded it by from ten to fifteen pounds, unless there is some special contraindication to such forced feeding. The positive gain in weight is usually an important factor in the ultimate recovery of the patient.

In conclusion it may be stated that the complexus of symptoms designated by the term hyperchlorhydria is one of the most common gastric disorders the practitioner is called upon to treat. Few distressing conditions yield so readily to simple treatment, and that very largely dietetic.

100 State Street.

ALUMNI NOTES

Dr. H. I. Bouffleur, '87, has been appointed on the consulting staff of Cook County Hospital to take the place vacated by the death of Dr. Senn. He will give surgical clinics for Rush students, and promises clinics for THE BULLETIN in the near future.

The Fellowship Committee has secured pledges for about \$450 for each of the two coming years, with the condition that total pledges for \$500 be secured. The committee wishes to urge those who have not made pledges to do so at once, so that the collection for next year may be begun as early as possible. There must be a great many Alumni who wish to aid in the fellowship work. If you are uncertain whether you have sent in a pledge, send one now, and if there is a duplicate it will be destroyed.

The Association is very fortunate in securing the services of Dr. David J. Davis as its Fellow this year. Dr. Davis secured his B.S. degree from the University of Wisconsin in 1898. In 1904 he graduated from Rush. During 1904 he was Fellow in Pathology in Rush, and in 1906 he secured a Ph.D. degree from the University of Chicago for research work on the bacteriology of whooping-cough. He has recently completed an internship in the Presbyterian Hospital. The Association is to be congratulated upon obtaining a Fellow with so much practical experience, and who has already demonstrated his ability to do productive research work. His work for the Alumni Association will be upon the bacteriology of influenza and bronchopneumonia.

SPOKANE, WASH., Jan. 6, 1908.

Dr. George H. Weaver, Chicago, Ill.

My Dear Sir:—Am glad to contribute my mite to Fellowship Fund. Have recently been appointed police surgeon to Spokane, in charge of Police Emergency Hospital. A new venture for Spokane, and through my management hope to have it prove a success.

Dr. B. H. ROARK, '04.

Dr. Roark moved from his home in Indiana to his present location about one year ago.

The following letter was sent by the president of the Association to his fellow-classmates, and he states he had reply from all but one. Most of them are coming to the reunion in June. Former class presidents should write to Dr. H. H. Kleinpell in regard to addresses of classmates and method of reaching them for this reunion. Dr. Kleinpell also had this matter in charge last year. He may be addressed in care of THE BULLETIN.

Hello, Old Classmate:—It has been thirty-one years on February 15 that we graduated from old Rush, a class of 79 young men.

Would you like to meet as many as we can get together of those who are left of the 79, at a reunion to be held simultaneously with the Alumni meeting of Rush Medical College next June?

There are many extra inducements to have such a reunion.

1. You could attend the meeting of the "American Medical Association."
2. You could attend the complimentary course of two weeks' clinics and laboratory demonstrations, given by the members of the present faculty of Rush. (I assure you that after attending postgraduate work in Europe and this country, the two weeks' clinics last June were more profitable to me than any other work I ever took.)

3. It would acquaint you with a new "Rush," which is far superior to what "Uncle Allen" used to dream about as the ideal of the future. All graduates of Rush have good reason to be proud and thankful that our Alma Mater has taken such a prominent part in advancing to a high medical standard. We know the faculty has done it at a great sacrifice, for at present the classes are so small that the tuition does not pay the running expenses. Let us all put our shoulder to the cart and help push Rush along to its deserved eminence and prosperity. The Alumni as an active body have taken hold, as you have seen by last year's BULLETINS if you have not been at the meeting.

The Alumni meeting in June should be the largest and most profitable ever held. But to make it so requires co-operation, and I send you this invitation to help make it such. I have taken the pains to look up your address, and am glad to find you among the fifty of our class that are still living and in practice. Will you not favor an old classmate by a letter in return? Will you not, with me, subscribe to the following resolutions?

Resolved, That I will be present at the next Rush Alumni meeting.

Resolved, That I will send in my dues now, \$1 for this year, and also something to the fellowship fund to help in the research work being carried on by the Fellow appointed by the Rush Alumni Association.

In olden times the faculty invited us to a free banquet. Now that the high standard of Rush resulted in small classes, the finances have changed, and the free banquet has been discontinued, leaving the alumni to manage their own banquet. They invite us, however, to something higher and better, to visit a practical demonstration of the progress in medical science worth coming a thousand miles to see.

It is therefore necessary that the Executive Committee have enough money on hand to make provisions that will insure a social time at our meeting, and I would ask that you induce as many other Rush men as you can to send in their contribution to the treasurer. "Do it now."

Hoping that you will write me that you will help make the next meeting a success, I am, most sincerely, your classmate,

[Signed.]

J. H. WM. MEYER, '76.

DEATH OF NICHOLAS SENN.

The best and most complete account of the life and activities of Dr. Senn appeared in the *Journal of the American Medical Association*, Jan. 11, 1908. With the consent of *The Journal* we here reprint that account for the benefit of our own Alumni:

Nicholas Senn, "master surgeon," pathologist, teacher, patriot and loyal friend, died January 2, at his home in Chicago, from dilatation of the heart, aged 63 years, 2 months and 2 days.

He was born in Buchs, Canton of St. Gall, Switzerland, Oct. 31, 1844, came with his parents to the United States in 1852, and settled at Ashford, Wis. He was graduated from the Fond du Lac High School in 1864. After teaching school he began the study of medicine with Dr. E. Munk of Fond du Lac. In 1865 he entered Chicago Medical College, and graduated with first honors in 1868. His thesis was on "The Modus Operandi of Digitalis Purpurea." In 1869 he was married to Miss Aurealia S. Muelhauser, of La Crosse, and commenced practice in Ashford. Five years later he moved to Milwaukee and there became a member of the attending staff of the Milwaukee Hospital. In 1877 he returned to Europe, and, after studying at the University of Munich, received a degree in medicine in 1878. He then practiced in Milwaukee until 1893, when he took up his permanent residence in Chicago.

Dr. Senn's first experience on a hospital staff was as an interne in Cook County Hospital, Chicago, where he served for eighteen months. He was afterward a member of the staff of the Milwaukee Hospital, and later surgeon-in-chief to the St. Joseph's Hospital and Presbyterian Hospital, Chicago, and surgeon to the Passavant and Policlinic Hospitals. Of late years his chief work has been done in St. Joseph's Hospital.

Dr. Senn was a member of many scientific societies. In 1896 he delivered the oration on surgery, and in 1897 was president of the American Medical Association. He founded the Association of Military Surgeons of the United States in 1891, and was its president for two years. He was also the founder of the Association of Military Surgeons of the State of Illinois in 1893, and has been its president during the entire existence of the organization. He has been a delegate to the International Medical Congresses at Berlin, Moscow, Madrid and Lisbon. He was a member of the Royal Medical Society of Buda-Pest, Philadelphia College of Physicians, Norwegian Medical Society, Swedish Medical Society, American Surgical Society, and Japanese Red Cross, a life member of the American National Red Cross, and an honorary member of the D. Hayes Agnew Surgical Society, Philadelphia Academy of Surgery, National Association of Railway Surgeons, Academy of Medicine of Mexico, Manila Medical Society, Glasgow Academy of Medicine, and Imperial-Royal Medical Society of Vienna.

His career as a medical teacher began in 1884, when he was elected professor of principles and practice of surgery in the College of Physicians and Surgeons, Chicago. In 1888 he was made professor of principles of surgery and surgical pathology in Rush Medical College, and in 1891 professor of practice of surgery and clinical surgery in the same institution. Later he was appointed professorial lecturer and then professor of military surgery

in the University of Chicago. He was also professor of surgery in the Chicago Polyclinic. Dr. Senn was a thorough teacher and held the close attention of his classes closely by the interest with which he invested the topic on which he was lecturing. His information was universal and perfectly classified, he was never at a loss for a word, and could always supply the names of authorities, dates and particulars, and this off-hand, without reference to notes. His style of delivery was dramatic, and his audiences never tired. The student never stayed away from his clinics, and the amphitheater was always filled.

As a surgeon Dr. Senn was probably the best known and most universally esteemed in the United States. His fame was not local, but extended far beyond the confines of America to Europe, Africa, South America, and the far East. He was a skilful and always conservative operator and a most eloquent clinical lecturer. In plastic surgery he excelled. To detail the surgical procedures he has devised, based on careful experiment and observation, and to describe his methods of operating, would require far more space than could be permitted in this notice. His research work on military surgery, and especially first aid on the battlefield and the conservative treatment of gunshot wounds, has attracted the attention and compelled the admiration of the surgeons of the world.

Dr. Senn was from his early life interested in military matters, and especially in military surgery. In 1888 he was made surgeon general of Wisconsin and retained this position until he left the state. In 1892 Governor Altgeld commissioned him surgeon general of Illinois, and this position he held through various administrations until his death. He took deep interest in the increase of the efficiency of the National Guard, and through his initiative was instituted the systematic physical examination of recruits, nearly approximating that required by the U. S. Army, the mental and physical examination of candidate medical officers, and the promotional examination of medical officers, also closely patterned after that required by the regular establishment. On the outbreak of the Spanish-American War he at once repaired to the state mobilization camp at Springfield and assumed charge. The records of physical examination of recruits made there under his direction were most complete and valuable.

He was commissioned lieutenant colonel and chief surgeon, U. S. V., May 13, 1898, and was assigned to duty with the Sixth Army Corps. He was on duty at Chickamauga Park, Georgia, and in temporary charge of Leiter General Hospital from May 28 to June 25. On June 24 he was ordered to report to the Adjutant General of the Army for special duty pertaining to the expedition of Santiago, and was in Washington on that duty until June 30, when he proceeded to Newport News, Va., and accompanied the expedition under command of Brig.-Gen. Guy V. Henry, U. S. V., to Santiago, Cuba, and was assigned to duty as chief surgeon of the operating staff with troops in the field. On July 7 he arrived at Siboney and was on duty with the Army of Invasion near Santiago until July 14, when, in compliance with orders, he reported for duty on board the U. S. Hospital Ship *Relief*. On August 20 he was relieved from duty in Cuba and proceeded to Montauk Point, Long Island, N. Y., and eleven days later was placed in charge of the surgical work at that place. He resigned September 6 and was honorably discharged September 17. In general orders from the adjutant general's office, dated Feb. 13, 1900, Lieutenant-Colonel Senn was commended for his surgical work during the Cuban campaign and for making a scientific study into the causes of typhoid fever among the troops.

Dr. Senn was a prolific contributor to the medical literature. Prominent among his writings, which number more than 300 titles, are his text-books on "Experimental Surgery," "Intestinal Surgery," "Surgical Bacteriology," "Principles of Surgery," "Tuberculosis of Bones and Joints," "Genito-urinary Tuberculosis," "Pathology and Surgical Treatment of Tumors," and "Practical Surgery." He has also written a number of books of travel,

giving observations of the diseases, medical men and hospitals of various countries of the world. During his recent vacation tours he has contributed frequent letters to *The Journal of the American Medical Association*.

On Nov. 11, 1905, a testimonial banquet was given Dr. Senn at the Auditorium Hotel, which was attended by more than 700, twenty states being represented. At this banquet Dr. Senn was presented with a gold medallion inscribed, "To Nicholas Senn, the Master Surgeon, from his Fellows, November 11, 1905." On the same occasion he was presented with a silver loving-cup on behalf of his former pupils.

Dr. Senn's benefactions were many. He endowed two rooms at St. Joseph's Hospital, Chicago, presented to Rush Medical College the Senn Clinical Building, and to the medical department of the Newberry Library (now the Crerar Library) a valuable collection of medical books and monographs, including the entire library of the late Dr. William Baum, professor of surgery in the University of Gottingen, and that of Dubois-Reymond.

In the opinion of his attending physician, Dr. Senn gave a plain history of chronic interstitial myocarditis, running back beyond a period of two years. He did not recognize the plain manifestation of the lesion, but imagined himself, even at this time, to be a prodigy of physical and mental endurance. The acute manifestations of his illness were precipitated by his tour around South America. Immediately before his arrival on that continent he was disturbed by an acute intestinal derangement, and soon after his arrival he imprudently ascended a great mountain to an altitude of 16,000 feet. The phenomena of acute dilatation of the heart immediately appeared and continued until his death. On his arrival at home he showed an enormously dilated heart with gallop-rhythm, marked pulmonary stasis with edema, extreme dyspnea and great anasarca. The circulatory disturbance was not durably benefited by medicinal treatment. Periods of temporary improvement were interrupted by periods of aggravation. As part of the general vascular stasis connected with the dilatation, a rather acute ascites made its appearance, suggesting the pre-existence of some impediment to the portal circulation. About two weeks before death an acute nephritis was engrafted in the course of a chronic passive congestion of the kidneys, and this was the feature of his illness that precipitated the fatal termination.

The funeral services were held at his late residence, Sunday, January 5. The Rev. Frank W. Gunsaulus officiated. The Second Illinois Infantry acted as escort. The active pall-bearers were: Drs. Gustav Kaunheimer and Louis G. Nolte, Milwaukee; Drs. Arthur McNeal, Berwyn, and S. M. Wylie, Paxton, Ill., and Drs. A. M. Butzow, A. Belcham Keyes, S. C. Stanton and Homer M. Thomas, Chicago. A large list of honorary pall-bearers was selected, many of whom were present, representing the various medical, military and other organizations throughout the country with which Dr. Senn was affiliated.

Nicholas Senn was truly great; master of his profession; a patriot, always ready to sacrifice his personal interests and comfort for the service of his adopted country; intensely loyal in his friendships; generous to a fault; simple-minded; too honest to harbor suspicions; a man of singularly clean speech, never profane or vulgar. His greatest glory was in his extraordinary capacity for work, which he held as a duty, and that work entirely for the betterment of his fellow men. Of him it may with truth be said that the world is better for his having lived.

ACTION BY THE FACULTY OF RUSH MEDICAL COLLEGE.

A meeting of the Faculty of Rush Medical College was hastily summoned on this date, Jan. 2, 1908, in the office of Dr. Frank Billings, who occupied the chair.

It was stated that the meeting was called on account of the sudden death of their late colleague, Prof. Nicholas Senn, and the following action was taken:

A committee consisting of Dr. Brower as chairman, with Drs. Murphy and Favill, was appointed to prepare appropriate resolutions in view of the death of Professor Senn; to arrange for some suitable time in the future for a memorial meeting; and to provide for a floral tribute to be sent to the family of the deceased.

It was voted that the College be closed on the 3d and 4th of January, and that at noon of the 4th the Faculty attend, in a body, to pay respect to the person of their distinguished colleague.

It was ordered that the flag of the College be displayed at half-mast; and that the portrait in oil of Professor Senn be suitably draped and displayed in the upper amphitheater of the College building, which for so many years had been illuminated by the soundness and brilliancy of his surgical instruction.

The Secretary was instructed to send an appropriate letter to the widow of Professor Senn, informing her at once of the action taken with a view to paying proper respect to the memory of her distinguished husband.

The Secretary was also instructed to send notice to the public press of the action taken at the meeting.

In Memoriam

Services in memory of Dr. Nicholas Senn will be held in Music Hall, Fine Arts Building, 203 Michigan Ave., on Sunday, February 2, at 2:45 p. m., under the auspices of Rush Medical College, the Northwestern University Medical School, the College of Physicians and Surgeons, the Chicago Medical Society, the Chicago Surgical Association, and the Nicholas Senn Club. Edmund James James, President of the University of Illinois, will preside. Short addresses will be made by Dr. Frank Billings, Dean of Rush Medical College; Dr. Arthur R. Edwards, Dean of Northwestern University Medical School; Dr. William E. Quine, Dean of the College of Physicians and Surgeons; Dr. H. B. Favill, President of the Chicago Medical Society; Dr. A. J. Ochsner, President of the Chicago Surgical Society; and Dr. Daniel R. Brower, President of the Nicholas Senn Club.

The invocation will be by Dr. Gunsaulus. Members of the medical profession are invited to attend.

BIOGRAPHICAL SKETCHES.

'65. **Charles Josiah Lewis**, Chicago, Ill., entered Rush in 1863, after having taken two years at the Northwestern University. He is still in active general practice. He practiced at Annawan, Ill., to August, 1865, Antioch Ill., February, 1867, and since then in Chicago. He has held the Chair of Physiology at Harvey Medical College, Chair of General Pathology, Physiology of the Nervous System and Neurology, College of Medicine and Surgery, Chicago. He is a member of Chicago Medical and Illinois State Medical Societies and the A. M. A. He is president of the Illinois Physio-Medical Society, and a member of the National Medical Association of Physio-Medical Physicians and Surgeons. He is a member of the Chicago Eclectic Literary Society and was instrumental in founding the Chicago Society of Anthropology. He is married and has one child living, a daughter.

'65. **Theodore Wild**, Chicago, Ill., entered Rush in 1864. He was graduated as a pharmacist, (Ph. G.). He is still in active practice. He has practiced since graduation in his present location. In 1867 to 1868, he studied in Vienna, Berlin and Würzburg. He entered the Army as a hospital steward of the Twenty-fourth Regiment Illinois Volunteers. After having passed an examination before the Illinois Army Examining Board in 1862, he received the appointment as assistant surgeon. He served with his command in the field until 1864, when the regiment was mustered out. He re-entered the Army in 1865 as assistant surgeon of the Thirty-sixth United States Colored Troops. He was mustered out of service in 1866 with the brevet of major for "meritorious and distinguished services at White's Ranch, Texas, where cholera prevailed." In 1867 he became a member of the Phisikalische Medizinische Gesellschaft in Würzburg. He is a member of the Chicago Medical Society and the A. M. A. He is a member of the Loyal Legion and of the G. A. R., George A. Thomas Post. He is married and has had two children, one of whom, Theodore Wild, Jr., 1898, is a graduate of Rush.

'66. **William James Carter**, St. Paul, Minn., entered Rush in 1865. He was prepared at Hanover, Ind., and Wabash College, Ind. He is still in active practice. He has practiced since graduation in Indiana (Pittsboro, Indianapolis, Converse and Marion). He has done postgraduate work in Chicago at various times. He served nearly three years during the Civil War in the Seventy-ninth Indiana Volunteer Infantry. First as private, then as hospital steward, then first lieutenant. He was in the battle of Murfreesboro, Chickamauga, Lookout Mountain and Mission Ridge and marched with Sherman to Atlanta when his command returned to look after General Hood. He had a three-year contract as United States Army surgeon in New Mexico following the war. He is a member of the Zig Zag Literary Club of Marion, Ind. He is a Mason, K. of P., Royal Arcanum and a G. A. R. He is a Presbyterian. He is married and has had six children, three of whom are living.

'66. **Jacob W. Magelssen**, Rushford, Minn., entered Rush in 1863. He was prepared at Latin High School, Cristiania, Norway, and University of Norway, degree of B.A., Examen Philosophicum. He is still in active practice. He has practiced since graduation at Utica near Stoughton, Wis., from 1866 to 1874, since that time at his present location. He is a member of the Lutheran Church. Has been mayor of Rushford eight or nine times. He has been president of the School Board for some years. He is married and has had twelve children, ten of whom are living.

'66. **Charles J. Winzenvied**, Amana, Ia., entered Rush in 1864. Has practiced since graduation at his present location. He is still in active practice. He has done postgraduate work at Bellevue in 1866, and Long Island College in general branches. He is at present president of the Amana Medical Society, Amana, Ia. He is not married.

'66. **George W. Brown**, Frankfort, Ind., entered Rush in 1865. He is still in active practice and has practiced since graduation at his present location. He is a member of the Clinton County and Indiana State Medical Societies. He was secretary of the Board of United States Pension Examining Surgeons of Frankfort from June, 1889 to September, 1890, and June, 1897 to July, 1903. He served several terms as secretary of the county Board of Health. He is now serving as county coroner for the fourth term. He was captain of Company K, Seventy-second Indiana Infantry for three years in the Civil war. He is a member of the Presbyterian Church. He is married and has had two children, one of whom is living. He had an uncle, S. C. Irwin, graduate from Rush in 1863, and a brother, W. W. C. Brown, who graduated from Rush in 1864.

'67. **Lyman T. Strother**, Nowata, Okla., entered Rush in 1865. He attended the Wabash College for one year. He is still in active practice. He has practiced since graduation at Dayton, Ind., 1867 to 1884, Mound Valley, Kan., 1884 to 1895, and since the spring of 1895 at his present location. He has taken postgraduate work at Jefferson Medical College, Philadelphia, winter of 1872. He was a member of the United States Pension Examining Board, Parsons, Kan., from 1885 to 1888. He was county health officer, La-Bette County, Kan., 1891 to 1893. He is a member of the Oklahoma Medical Society and president of Nowata County Medical Society. He is a Mason, and has been Master in three Grand Jurisdictions and a member of the G. A. R. He served three years in the Army of the Union, 1862 to 1865, in the Tenth Battery Indiana Volunteer Light Artillery. Was in the battles of Pittsburg Landing, Corinth, Perryville, Stone River, Chattanooga, Lookout Mountain and Mission Ridge. He is a member of the Presbyterian Church, and a republican in politics. Was a member of the medical societies in the counties in which he lived in Indiana and Kansas. He is married and has two children, two sons, who are living. One bears the name of Rea (middle name) after former Prof. R. L. Rea.

'67. **W. H. C. Moore**, Essex, Iowa, entered Rush in 1866. He was prepared at Monmouth College, Ill., and the Classical College, New York. He is not in active general practice now on account of failing health. He has practiced since graduation at Savanna, Ill., from 1867 to 1869, and Canton, Ill., 1869 to 1871, and since then at his present location. He was appointed in 1890 as United States Pension Examiner for Pope County, Iowa, resigned in 1892 and was again appointed in 1907, but resigned on account of failing health. He is member of the Pope County Medical Society. He is married and has six children, all of whom are living.

'68. **T. A. Wakely**, Jacksonville, Ill., entered Rush in 1866. Was prepared at Illinois College. Practiced at Sinclair, Ill., from 1869 to 1884, and from 1885 to the present time at Jacksonville, Ill. Is a member of the A. M. A., Illinois Medical Society, and Morgan County Medical Society. Formerly held the positions of County physician of Morgan County, physician to the Illinois School for the Blind, and United States Pension Examiner at Jacksonville, Ill. He is married and has a wife and two daughters.

'68. **John A. M. Gibbs**, Unity, Ill., entered Rush in 1865. He is still in active practice. He has practiced since graduation at Thebes, Ill., until 1891, and since then at his present location. He is married and has one son. Charles Gibbs, a second cousin, was a graduate of Rush.

'68. **William J. Fern**, Tunnell Hill, Ill., entered Rush in 1866. He was prepared at Mt. Pleasant, Ill. He is still in active practice. He has practiced since graduation at Grantsburg, Ill., Vienna, Ill., and at his present location. He took the postgraduate course in Chicago in 1894. He is a United States Pension Examining Surgeon. He is a member of Johnson County and Southern Illinois Medical Societies. He is a Free and Accepted Mason and belongs to the Independent Order of Odd Fellows. He is married and has three children.

'68. **William H. Christie**, Omaha, Neb., entered Rush in 1866. He was prepared at the Academy at Paw Paw Grove, Ill. He is still in active general practice. He has practiced since graduation at Tiskilwa, Ill., until about 1874, Creston, Iowa, until 1889, and from that time at his present location. He has been United States Pension Examiner since about 1876. He is a member of the Douglas County and Omaha Medical Societies, Nebraska State, Missouri Valley and the A. M. A. He was a private in Company K, Seventy-fifth Illinois Infantry. He was a Knight Templar in Masonry and was W. M. H. Priest, Prelate and Eminent Commander. He is married and has had five children, four of whom are living.

'68. **A. Babcock**, New Hampton, Iowa, entered Rush in 1865. He is still practicing a little but his health is very poor. He has practiced since graduation at his present location. He did postgraduate work in the Polielinic Hospital in Chicago, somewhere in the '90s. He was president of Austin Flint and county societies. He is a member of the county, state and Austin Flint medical societies. He was presidential elector in 1896. He served as a private in the Thirty-eighth Iowa during the Civil War. He is a member of the Methodist Church. He has traveled in China, Japan, the Philippines and the West Indies. He is married and has had two children, one of whom is living.

'68. **Thomas C. Murphy**, Manito, Ill., entered Rush in 1866. He is still in active general practice. He has practiced since graduation in Green Valley, Ill., 12 years, and 6 years in Mississippi, since then at his present location. He did postgraduate work in 1874, 1876, 1879, 1889 and 1890. He also did postgraduate work with Ethridge, Bridge, Parkes, Senn and Murphy. He has written papers on typhoid fever, cerebrospinal meningitis and placenta prævia. He is a member of Brainard, Mississippi State, Clarke County and Tazewell County Medical Societies. He enlisted in 1861 with Colonel John A. Logan, was promoted February, 1862, for bravery on the field of Donelson. Served with Grant at Vicksburg, Miss. Was given a medal of honor for conspicuous gallantry, May 22, 1863. His name is in bronze on the honor roll, Vicksburg, Miss. He led the regiment from the field of Donelson at the age of 18, the colonel and all the field officers were wounded and the regiment did not run or break, if it was led by a boy. He served three years. He is a widower and has four children, all living. Since the above abstract was sent us, Dr. Murphy has moved to Hopedale, Ill.

'68. **Joseph B. Griswold**, Grand Rapids, Mich., entered Rush in 1867. He was prepared at Vermontville Academy and Michigan Agricultural College. He is still in active practice. He has practiced since graduation at Taylors Falls, Minn., until 1874, and since then at his present location. He is president of the Board of Health. He has been a member of the State Board of Examiners in Medicine for four years. He has been president of the Michigan State Medical Society. He is president of the United States Board of Pension Examiners and is chief surgeon of the G. R. & I. R. R. He is chief of staff of U. B. A. Hospital of Grand Rapids. He is a member of the Grand Rapids Academy of Medicine, Kent County and State Medical Societies and the A. M. A. He is a member of the International Association of Railway Surgeons, associate member of the Association of Military Surgeons, U. S. A., honorary member of the Minnesota State Medical Society. He has been alderman of Grand Rapids, city physician and a member of the Board of Education. He is a member of the Peninsular Club. He has been Department Commander of Michigan, G. A. R. He is a member of the G. A. R. and Loyal Legion. He was assistant surgeon with rank of major in the Fourth Michigan Infantry in the Civil War. He is married and has had three children, two of whom are living. He is a member of the Westminster Presbyterian Church and of the Y. M. C. A. and an active republican in politics. Dr. Griswold was born in Vermontville, Mich., June 21, 1842.

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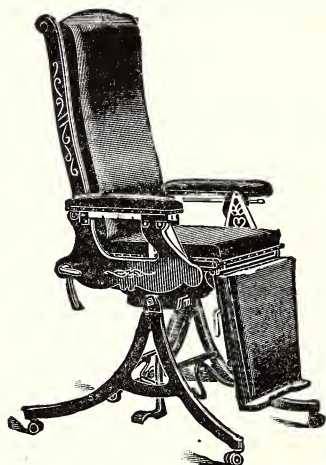
The following classes are scheduled for a reunion next June; some others are planning also for reunions and there will be many from all the other classes, '53, '58, '63, '68, '73, '78, '83, '88, '93, '98 and '03. In charge of Dr. H. H. Kleinpell, Rush Medical College.

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NICHOLAS SENN AS A TEACHER.

FRANK BILLINGS, M.D.

A majority of those present have had the pleasure of listening to Dr. Senn and of witnessing his magnificent methods of clinical teaching. I doubt if it would be within the power of words of any man to express fully the great eminence of Dr. Senn as a teacher. With my limitations and powers of expression, I can but inadequately express what should be said of him as a teacher. Dr. Senn was a teacher of medicine long before he began his medical college work. In the earlier days of his practice in Wisconsin he was a teacher. He taught individuals who came in contact with him. In Milwaukee Dr. Senn organized a medical society which soon became the center of medical thought in that city. Many of the members of that organization are now living examples of the best modern medical and surgical practice as taught by Dr. Senn.

Dr. Senn's first experience as a medical college teacher was in 1884, when he was called to the College of Physicians and Surgeons of Chicago to occupy the Chair of the Principles and Practice of Surgery. Those who heard him at that time were astounded with his ability as expressed in the methods which he used to teach modern surgery of that time. The earlier part of his professional career had been spent in a country town, and he had lived but a short time in a city. And still his methods of teaching were far better than those of many a more experienced man and were exhaustive of subjects discussed. He remained in the College of Physicians and Surgeons for four years. Then he accepted a Chair of Principles of Surgery and of Surgical Pathology in Rush Medical College. From 1888 to 1891 he taught these fundamental subjects. His discussion of the principles of surgery and of surgical pathology was phenomenal. He attracted to his lectures members of the medical profession from every part of the city, and students from all of the medical schools were eager to listen to him. At the beginning of the hour he would place on a blackboard a synopsis of the subject he was about to discuss, and this he would follow faithfully and systematically throughout the time allotted for the lecture.

Senn was a great reader, and his phenomenal memory enabled him to quote freely from medical literature and to give extracts *verbatim* from the writings of eminent pathologists and surgeons. His lectures contained his own opinions, clearly set forth in language which could be easily understood by even the undergraduate, but at the same time it was advanced enough to be exhaustive of the subject. In 1891 he was called to the Chair of the Practice of Surgery and of Clinical Surgery in Rush Medical College made vacant through the death of Prof. Charles T. Parkes. Professor Senn was the fourth man to occupy the chair made eminent by

Daniel Brainard, Moses Gunn and Charles T. Parkes, each a leader in medicine and surgery of his day, and, great as were those men, he was the peer of them all as a teacher and as a surgeon.

Professor Senn was a natural teacher. He knew how to express his knowledge of subjects so that others could understand. He was systematic, and, while he was not an organizer in the sense that he organized great bodies of men to do any particular work, he did organize his own teaching force in his surgical clinic. Not only was he systematic, but he had a method. His method was fashioned after the German clinics, but was modified by the personality of Senn and made better thereby. His method of conducting a clinic consisted of the exhibition of gross pathologic specimens obtained from former operations. These he described as minutely and as perfectly as any pathologist could have done. This was followed by the demonstration of microscopic preparations made from the gross specimens shown. These microscopic preparations were passed about and carefully explained. Immediately following this was an exhibition and demonstration of patients who had previously been in the clinic. Operations performed were explained and processes of healing demonstrated. After this, new patients were brought in and shown. In this stage of the clinic Dr. Senn was at his best.

He was a wonderful diagnostician in both surgery and medicine. He apparently remembered every experience of his life. This enabled him to diagnose rare diseases which other men did not recognize. Many men who have had an experience in Dr. Senn's clinic have been surprised to see him make a superficial examination of a patient and to at once make a diagnosis which afterward was shown to be exact. In many instances this diagnosis was based on his phenomenal memory and his enormous experience in the observation of disease. These examples of his ability as a diagnostician do not mean that he did not make careful examinations, for in the majority of cases he demonstrated the methods of examination, including the use of instruments of precision. This was followed by a clear statement of the symptomatology of the disease established by the examination and forcible differentiation between it and the other diseases with similar symptomatic expression. The prognosis was clearly expressed. In the treatment of any given disease Senn differed from most surgeons in that his knowledge as a general practitioner enabled him to outline a non-operative, or, in other words, a medical treatment, quite as well as it could be done by an internist. In the surgical treatment of disease he was dextrous; he did not hesitate to attack the most formidable operations, and was especially skilful in plastic surgery.

In the arena Dr. Senn was always energetic and enthusiastic. He had a facility of expression in describing disease that but few men enjoy. He was didactic, perhaps one may say Socratic. He

had a good voice and was never at a loss for a word. He impressed on his hearers the fact that he understood his subject; that he knew what should be done for every disease that came under his observation. He was eminently at home as a teacher in the arena. He loved to talk to a large audience, and he was at his best with a large crowd of students before him. Senn felt, and I think every man who knew him believed it to be true, that his abilities were of such an order and the time at his command so limited that the opportunity should be given to impart his rare knowledge to as large a number as possible. He was not a teacher for two or three individuals, but in saying this I do not mean to convey the impression that he had not the capacity to teach a small number. Indeed, he did not disdain to teach small classes, but, as I have said, he was happier and was more at home in the teaching of large audiences. As an arena teacher he dwelt much on principles, and, while he did not shun details, yet the clinics were especially valuable to the student because of their fundamental nature and because of the constant attempt to fix the principles of surgery in the minds of his hearers.

In 1902 Dr. Senn was elected professorial lecturer at the University of Chicago, and in 1905 was made professor of surgery in that institution. There he gave a few lectures each year on surgical subjects modified to meet the needs of the teachers and students of the university. During the last two years he was especially interested in military surgery, and gave lectures at Rush Medical College and at the University of Chicago on that subject.

Dr. Senn's powers as a teacher were not confined to the arena. He was perhaps the best example the world has ever seen of a man who taught the masses of the world. He did this as a writer. In everything he wrote, from the many books to the numberless articles for the medical press, he was a teacher. The chief text-books which came from his pen were those on Experimental Surgery, Intestinal Surgery, Surgical Bacteriology, the Principles of Surgery, Tuberculosis of Bones and Joints, Genito-urinary Tuberculosis, Pathological and Surgical Treatment of Tumors, and Practical Surgery. These books and the many periodic articles which were the fruit of his pen were recognized everywhere as a final expression of the consensus of opinion of the best men in surgery and in medicine. He had a ready use of English in writing as in speaking, and in consequence his books were understandable to the undergraduate medical student, and, like his clinics, were exhaustive in the treatment of the fundamental elements of subjects under discussion. His books were, and are still, used as text-books in many schools, and have been translated into foreign languages, notably into Japanese and into Russian, where they are used as text-books in the army and navy.

One of his text-books was notable in the influence it exerted on

surgery in America. The Principles of Surgery was written at the time when the newer pathology and the new surgery and medicine had arisen in the East, and Senn's Principles of Surgery expounded this fact to the profession of America. Through that book Senn did more for American surgery than any other man has ever done.

No other man probably will ever occupy his place, nor will any other man unite in one individual his facility of expression in teaching a large number of students and at the same time wield a pen so prodigiously and with such clearness of expression.

We have lost in Senn one of the greatest medical teachers the world has ever known; but, though gone, he will continue to be a teacher for years to come through the incomparable medical literature which he has made.

NICHOLAS SENN AS A SCIENTIST.

A. R. EDWARDS, M.D.

Dean of the Northwestern University Medical School.

It is not the little one may say in words, on an occasion like this, which is the tribute we bear to Nicholas Senn's memory. The mere fact that all the medical interests of Chicago are here represented to-day speaks more than words in his eulogy.

We are here because Dr. Senn was more than a Chicago scientist and surgeon. His work belongs to more than the college in which he taught during his prime. It belongs also to our college, of which, like Billings and Quine, he was an alumnus, and it belongs as well to a scientific world beyond the limits of our city and even of our country.

In our appreciation of him it is difficult for most of us to wholly divorce the scientist from the man. Perhaps it is possible to separate the two, yet, in most cases, we ask under what circumstances his scientific work was done. Senn's time was not his own, yet he developed, for example, experiments upon which are based the marvels of intestinal surgery to-day. With interruptions, with country practice, with a stable as his experimental institute, with the exactions of extended practice, and the exhaustion of protracted teaching clinics, he did scientific and original work which many investigators in experimental medicine have not done with spacious laboratories and collegiate quiet at their command.

In other ways he made his professional activity scientific. Against odds he educated himself. He used all he had to effect, therein doing all that could be asked of any man to do. Senn's scientific trend was in both directions, the discovery of the new as well as mastery of the massive work of the past.

This scientific production covers a field not to be reviewed within the scope of these remarks. They embrace the beginning of intestinal anastomosis, the incipency of successful treatment of gun-

shot wounds of the abdomen, and surgery of the blood vessels. He was the pioneer in pancreatic surgery.

He was a great and genuine surgeon, and no mere operator, because he mastered the principles of surgery, its pathology and bacteriology. I clearly recall the profound impression his works on principles of surgery made upon us as students, reflecting, as they did, the new light of German pathology and bacteriology.

He progressed while he reviewed the best of the past. He worked out new problems with a will and physique absolutely anesthetic to all obstruction, discouragement or fatigue. His literary and original work was commenced after the daylight hours of arduous private operating and public clinics often lasting over half a day.

As he made his way and shaped his professional future, so has he insured his medical memory, as scientist, teacher, writer and surgical dramatist. The same thought occurs to me which came into my mind at Christian Fenger's funeral—that, while many among us entertain different concepts of immortality, all must agree that the work of such men as Senn is immortal, and that the suffering alleviated, the painful death averted, the students inspired, and the surgeons urged on by his work to better effort, bring into being and set in motion a mass of irresistible and incalculable good.

NICHOLAS SENN AS A MAN.

WILLIAM E. QUINE, M.D.

Dean of the College of Physicians and Surgeons.

In Senn a great body gave loyal backing to a great mind. His powers of endurance of both body and mind have rarely been equalled by any of God's creatures; and he needed them all, for his hunger for the honors of achievement was so insatiable that it could scarce brook needed rest. He worked more hours per day, per year, per decade, than any man I've known; and the mountainous fruitage of his toil has been the wonder of his friends. For him recreation was merely another kind of work and serious work at that. He told me thirty years ago, in words of fiery earnestness, that he would rather die at 40 with every year of his life accounted for than to have a century of existence barren of results.

Of all the attributes of his busy, powerful mind, memory and orderliness were, perhaps, the most effective. He forgot nothing, and everything he had ever known seemed ready for instant use. Without a minute for reflection he could bring to bear upon any question within the domain of his serious study all the batteries of literature, from the very inception of investigation of the subject through each successive stage of development down to that very day, quoting names and dates with unvarying accuracy, and keenly analyzing the validity of every claim, and do it as readily and con-

fidently as he could repeat the Lord's prayer. Such powers, supported by his own exhaustive investigation of the same subject, made him matchless in conversation and unconquerable in debate.

His passion for authorship dominated every other interest he had in life. He stands sponsor for twenty-three published books, and at least two that are still in manuscript, every word of which was written by his own hand and with his own pen; to say nothing of unnumbered lectures, essays and addresses that have appeared in print under his name.

Nicholas Senn was a man of heroic mold. His courage was equal to any danger. Whether assailed by the shocks of surprise incident to grave and complicated surgical operations, when hundreds of critical eyes were watching every movement, and hesitation meant tragedy; or hunted and beset by murderous Arab robbers on the desert of Syria, and without the possibility of aid; or encloused in the "pestilence that walketh in darkness and spareth not," Senn was always Senn—undaunted, masterful and unerring and ready to give a good account of himself every minute of the time.

He could out-Luther Martin Luther; he could counterpart the sacrifice of his countryman, Arnold Winkelreid; he could denounce corruption and dishonor at the peril of his life, equal to Savonarola, and walk to the stake as sturdily as John Huss; and he could stand shoulder to shoulder with "Horatio on the Bridge" and do battle to the death and with challenge and defiance in his heart to the last throb.

Senn was a proud and sensitive man—proud of his right to respect himself; proud of his physical stamina; proud of his achievements and of his fame, and proud of the world of honors that had been showered upon him. His references to these things, although frank and unabashed, were never lacking in dignity and modesty.

On ordinary occasions he was rather indifferent as to personal appearance, and in daily habits distinctly careless in respect to the smaller matters of dress. Evening attire was an abomination, and it was an extraordinary concession to the occasion which induced him to wear it. And yet the pomp and formalism of military parade fascinated him and the insignia of military rank allured and charmed and enthralled him. Senn was human. He loved honors and compliments and public adulation, and accepted all that were offered as complacently as a child accepts its food; but in his personal relations he could diagnose the sycophant and self-seeking with the keen unsparing analysis of Richelieu, and the greatest deluge of honeyed words from such a one could never win a point. He read men like an open book.

He was delightful if you were going his way and following; but you were in a very undesirable position if you were in his way. He was too preoccupied and self-centered to be habitually magnanimous

to his competitors, but he was a prodigy of generosity to those who called him master. He was by nature autocratic, and to be on good terms with him you could not question his supremacy. But notwithstanding this, and, indeed, in obvious contradiction and disproof of it, when Senn was visiting the great clinics and clinicians of the old world, though fêted and exploited everywhere, his attitude was invariably that of the humble and earnest student and never that of the authority or savant who stood a giant among the tallest of them all. His sensitiveness was so acute in relation to every question of precedence that an intended slight was almost certain to leave a painful and enduring wound.

It was hard for him to acknowledge a mistake—not that he was disposed to deceive himself or others, but that his pride of self and of his reputation could not endure the hint of fallibility.

Senn had a world of admirers, but few intimate friends. True, there were countless thousands who were friendly and deserving of his friendship; but few of these were admitted to his confidence. He was courteous and affable to everybody, but reserved except to the favored few. These had been weighed and measured and tested and approved, and there was not an immoral, vulgar, profane or deceitful one among them all. For them Senn's loyalty and confidence knew no limit. He knew men.

He was in no wise a society man. Not that he was insensible to the attractions of refined and cultured womanhood, but because he could not spare the time for indulgence in social pleasures. His unceasing cry was for time, time, time. He had plenty of everything but time. He could be gracious, entertaining and instructive, but frivolous, never. He was incapable of vivacity of bearing and of sprightliness of speech, and no suggestion of spontaneous humor has ever appeared in his conversation or in any of his books of travel. Life was dreadfully serious.

He could enjoy a joke on the other fellow, but was himself a bad man to practice on. Not that he was lacking in amiability, but that the dignity of his nature was too delicate and imperious and too nearly sacred to him to endure familiar touch with any but his choicest friends. He could laugh well and with obvious zest, but the laugh had to be shocked out of him and he rarely showed a disposition to encourage repetition of the shock. Senn spent but little time in laughter.

He was a man of refined and exalted sentiment, and his heart and mind and mouth were as clean as a little girl's. He could not smile at ribald song or obscene story or sacrilegious jest, and still less could he degrade himself by repeating one. He knew little of the underworld, and revelations concerning it were repugnant to him. The criminal and society columns of the newspapers did not attract him. He ignored the one and despised the other, and had but little patience with either as a topic of conversation.

Though fairly versed in classical literature, Senn could hardly be considered a man of imposing breadth or variety of culture. But what he knew he knew very hard, and held it ready for instant use.

He was always a devout man, but never in his later life an active churchman. He had but little interest in creeds and doctrines and rules of conduct, and rarely, if ever, discussed them; but he was an earnest and faithful reader of the scripture, and, like Abraham of old, had unquestioning faith in God; and he kept inviolate the moral code. The little simple testament his mother gave was the inseparable companion of his travels, and its soiled and well-worn pages spoke eloquently of faithful use. No one ever heard Senn speak lightly of religion.

He was delightfully free-handed with his friends, but frugal in the small affairs of life; frugal, not because he cared for money, but because wastefulness was a crime. From the beginning he aimed at financial independence—at independence and not at pride of wealth or of display; and when he had achieved it he bore himself grandly. The Senn collection of books in the Newberry library, representing an outlay of \$50,000, and placed at the service of the medical profession for all time, testifies to this; the Senn Memorial building erected at a cost of \$50,000 for the uses of science, reiterates it; the Senn Professorship, endowed in the sum of \$25,000, and the Senn Fellowship, endowed in the sum of \$15,000, confirm it; and the Senn rooms in St. Joseph's Hospital, endowed in the sum of \$35,000, for the perpetual care of stricken members of the medical profession, leave nothing to be said but this: That Nicholas Senn, as a man, has done more for the medical profession than all other physicians combined who have ever lived in this great city.

I can imagine him now within three degrees of the north pole with Peary. I can imagine him left there—alone. No living thing within sight, within hearing, within reach. Alone. Without the possibility of shelter or of help and with desolation around him and death in the air. Alone with God.

"And God saw everything that He had made and behold it was very good." A man. In God's own image and a glory of His power. Senn.

We symbolize a life arrested in the midst of great productiveness and power by a broken column. But a broken column would not typify Senn. "Rather mark the spot where rests his honored clay by a granite shaft, broad-based and deep set in mother earth, and hewn four square to every wind that blows—and finished at the top."

NICHOLAS SENN AS A PHYSICIAN.

HENRY B. FAVILL, M.D.

President of the Chicago Medical Society.

The career of Nicholas Senn illustrates that a man is not made by circumstances. The self-made man, as we call him, is a common enough figure, but the man who out of unpropitious beginnings and inadequate facilities, steadily has forced himself not only to material success but to high and higher levels of scientific standard, is rare.

Perhaps the most noteworthy fact in the professional development of Dr. Senn is that his greatest and most enthusiastic scientific achievements were during a period when his daily toil in medical practice was the most burdensome. After completing his medical schooling and serving in the Cook County Hospital, he plunged into the thick of country practice. Promptly he was recognized as a man of strength and progress, and very early in his career attracted the attention and commanded the respect of the profession of Wisconsin.

Steadily he forged ahead, not only in his private practice, but in public recognition. Interested, indefatigable and effective, it was but a question of a few years when he naturally and inevitably sought in Milwaukee a broader field for his activities. There he continued aggressive, original and inspiring.

I have never known a man whose capacity for sustained labor, not for a few days, but month after month, was as great as that of Dr. Senn. In this fact, coupled with his indomitable perseverance, lies the explanation of his remarkable production during the period from 1880 to 1895. His professional success, his leadership, his triumphant demonstration of his ability during this period, might easily have satisfied any ambition. To him these were minor considerations. To be a physician was his passion, and he brought into his labors every contributory resource that was at that time available.

The effect of his commanding supremacy upon the profession of Wisconsin was pronounced. He never held the place of rival or competitor; he was the acknowledged leader, and young men drew from him inspiration and encouragement. In those days and in the later days of his brilliant medical teaching his precept focussed not upon final surgical achievement, but upon the broad principles underlying morbid conditions. Generalization and the whole morbid picture was far more satisfying than his surgical technic.

Not at all early in his career did he become specifically a surgeon. Never in his career did he become only a surgeon. As he reached his full maturity the dawn of scientific medicine occurred. He was amongst the first to grasp the enormous significance and possibilities of the new life; day and night he labored with the scientific

problems of medicine, always with the broad relationships of the living organism as the background to his conception.

At this period he acquired the deep friendship and respect of Dr. Christian Fenger, and the picture of those two masters, shoulder to shoulder during those days of medical conflict, demonstration and revolution, is never to be forgotten. This friendship furnished him untold comfort and inspiration in his scientific pursuit, and as a result of it the medical profession in the western states has profited inexpressibly.

In his early life he had an enormous experience in general practice. In his later life he unfailingly interpreted his surgical problems in the light of his broad medical experience. Those who have encountered him realize that there was no territory of general medical thought in which he had not an expert judgment. Voluntarily putting aside all that was not specialized work, he nevertheless was competent to assume any medical responsibility, and to this fact is due largely the notable conservatism which characterized his surgical views.

No man knew better than he the triumphs and possibilities of operative management. No man less than he was carried away by enticing possibilities from the sound footing of medical judgment. In many directions the evolution of medical thought went past him, fell back of him, and finally stands at this moment abreast of a position which through it all he steadily maintained. To his breadth of view as to the human body; in other words, to his all-around development as a physician is due this recognized soundness.

In other directions not technical, in the broad human relationships between the doctor and patient, he maintained an equal poise. Occupying a position where he could have arbitrarily commanded extreme material rewards, he habitually maintained a conservative attitude. His patient's real interest was his interest, and he rarely was beguiled into the sophistries of modern professional relations.

To the mind unaccustomed to consider medical specialization in its effect upon individuals, these reflections may not seem so important, but to the medical mind, fully appreciating the dangers and the disadvantages of too narrow lines of thought and activity, the characteristics of Dr. Senn stand out not only as noteworthy, but as offering a demonstration that breadth and depth are not incompatible.

Surgery owes him an inexpressible debt, but those who knew him best, and particularly during the greater part of his life when he was an active factor in general medical affairs, know that his greatest contribution to the interest, intensity, ideals and scientific conception of medicine was as a physician.

NICHOLAS SENN THE SURGEON.

A. J. OCHSNER, M.D.

President of the Chicago Surgical Society.

Nicholas Senn possessed the intuition of the true prophet in surgery. Thus he recognized almost at the beginning of his professional career three aids in the development of surgery which enabled him to rise from the obscure practitioner of medicine to the world-famed surgeon. He appreciated the importance of clinical microscopy, animal experimentation and antiseptic surgical technic.

The microscope laid bare the pathologic changes in the tissues of the human body, placing before our eyes clearly defined scientific facts where before we were compelled to grope in the darkness of theoretic supposition.

With the introduction of animal experimentation it was possible to find safe methods for the relief of these conditions of disease. At the same time the introduction of antiseptic surgery eliminated the danger of wound infection and insured favorable results for the surgical treatment which had been introduced.

These three conditions he utilized to the utmost.

His great logical mind enabled him to grasp their importance as well as their scope; his phenomenal enthusiasm carried him over every obstacle; his almost superhuman physical and intellectual strength enabled him to accomplish in a few years that for which in others a lifetime would have been too short, and his unchanging devotion and ceaseless industry enabled him to continue these labors through a period of nearly forty years.

No wonder, then, that the attention of the entire medical and surgical world was drawn to this western pioneer in the field of surgery.

But his great scientific attainments did not in any way obstruct his practical usefulness. His early training on the Wisconsin farm had not only given him a most vigorous development of body and mind, but also a very high degree of practical skill and dexterity. In this way he became the most exalted exponent of surgical science, and at the same time quite as distinguished a leader of successful surgical technic.

With all of these qualities, and with the power of conveying his knowledge to others as a writer and orator, he naturally became in the eyes of the world, as well as in fact, the master surgeon of the western continent.

Looking back to the days when Professor Senn delivered his first course of lectures in this city, in the old amphitheater of the College of Physicians and Surgeons, fills one to-day, after the lapse of a quarter of a century, with an enthusiasm and a devotion as distinct as though it were of yesterday.

There never were such lectures on this subject before, and it is

safe to predict that their equals will never again be produced. They were inspired, they were the words of a prophet, they made young men enthusiastic workers in this great field for the remaining years of their lives.

Had Senn possessed the power of organization, which is after all not to be compared with the wonderful powers he did possess in so phenomenal a measure, the Senn school of surgery would have rivaled or excelled the famous schools of Billroth or Volkmann.

There is no one among us who does not owe a debt of gratitude to this great man. His genius, his enthusiasm and his devotion have inspired us, his learning has elevated us, his industry and perseverance have served us as a notable example and his skill has relieved our suffering.

There will for all time to come be inscribed upon the pages of surgical history high on the roll of honor the name of Nicholas Senn.

NICHOLAS SENN A TRAVELER.

D. R. BROWER, M.D.

President of the Nicholas Senn Club.

Dr. Nicholas Senn was probably the most traveled medical man in this or any other country. His journeyings include trips to every state and territory in the Union, the Dominion of Canada from Labrador to British Columbia; he went as far north as Etah in Greenland, the most northern point inhabited by human beings in the world, and as far south as Punta Arenas, the most southern town in the world, and visited all the countries in between. He made two trips around the world, one by way of Siberia, the other by way of India. He visited every country in Europe; he explored Africa, and all the important islands of the Pacific and the Atlantic Oceans. With the exception of two or three insignificant countries in Asia, he had indeed seen the whole world. It was my great privilege to make seven somewhat extensive trips with him, averaging at least three months each, so that I have had at least twenty-one months of the closest possible contact with him, and as a result I classify him as the most remarkable personality it has ever been my privilege to know.

Such was his exceeding modesty that few came to know of his greatness. He raised himself by his own inherent capacity from a country practitioner in a little town in Wisconsin to be the world's greatest surgeon; no wealth, no family prestige, had anything to do with this remarkable uplift.

Nicholas Senn was a pleasant traveling companion; he knew how to travel; he never fussed about things that are often sources of discomfort to many travelers; he was so intent on studying nature and humanity that the trifles of life never long engaged

his attention; he was as much at home with the humblest peasant as with the most exalted personages.

His linguistic power made him a valuable companion; his full vocabulary of the continental languages made it always possible for him to find someone from whom information could be obtained when necessary. His encyclopedic knowledge gained by diligent study of all places to be visited made him a useful companion; his great brain so classified and retained this fund that it was available at a moment's notice. We were in the Transbaikal Province of Siberia, the Qablonoi mountains were around us; he had been for some time looking most intently out the window. I approached him, asking, "What are you looking for?" He replied, "In one of the books on Siberia I have read, there is a statement, Edelweiss grows in this region, and I am looking for it." Just as we approached the Ssochodno station he saw it. His delight was great. No child with a new toy was ever more pleased. You know he was born in Switzerland, and he saw this modest and fragrant flower of his Alpine home. We left the train immediately on its stopping, ran back like children, and each gathered a hatfull of this flower, so highly prized by every traveler who visits Switzerland.

His world-wide reputation made him a profitable companion. He had a large personal acquaintance because he never forgot a name or a face. We were traveling in the West Indies and visited a hospital on the Island of St. Kitts. The young surgeon in charge knew Dr. Senn by reputation and extended to us every possible courtesy. Three years later we were at Gibraltar. Dr. Senn saw there in a crowd at the landing that young medical man from St. Kitts, went up to him immediately, addressing him by his name, and spoke in pleasant terms of his previous acquaintance.

At the International Medical Congress at Moscow, held in 1897, he received many honors. He delivered one of the three general addresses at that congress, selecting English as the language, thus showing his loyalty to his adopted country, and it was received with great enthusiasm.

The Czar had invited him to be his guest at Kremlin, but this great honor he declined, giving as a reason that he preferred to remain with his American companions. The night of the great banquet in the Arcade the Russian medical men bore him on their shoulders, and in triumphal procession marched up and down the corridors singing praises of the great American surgeon.

He was the recipient of many banquets. A unique one was a National Hawaiian Feast, given by the medical profession and other distinguished citizens of Honolulu. Time will not permit me to go into detail of that feast; the food was cooked under ground in ancient style, was abundant, delicious and varied. The guest of honor was encircled with flowers, and the sweet Hawaiian music

was in the air. Every banqueter who spoke had for his topic the wonderful things the master surgeon had done.

When we were at Shanghai we were called upon by Dr. MacLeod, the leading surgeon of that city, and through him many courtesies were extended and opportunities for sight-seeing given which are rarely the privileges of the tourist, and then he gave a sumptuous banquet, at which were many distinguished people of Shanghai, including the doctor's charming family.

We had no sooner reached Tokio than Dr. Senn received a card from the Surgeon General of the Imperial Navy of Japan, introducing a commander of the Japanese Navy and detailing him for daily attendance, and this beautiful compliment opened wide to us everything in that city. On the last night of our sojourn the Army and Navy gave an elaborate banquet, attended by the leading physicians and surgeons of Tokio and the English and American naval surgeons stationed at Yokohama. Baron Hashimoto, Japan's most famous surgeon, presided. In the reception room there was a table, and placed on this table were all the books that Dr. Senn had written—the most delicate compliment I ever saw paid to anyone, telling us that here is the man and there are his works which have encircled the world.

His great endurance made him always a willing companion, ready for any exertion. I think he knew nothing personally about ordinary fatigue. We spent two weeks on the island of Malokai. Here the lepers are segregated on a tongue-like projection, isolated on two sides by the ocean and from the remaining part of the island by an almost perpendicular cliff, the Pali, 2,000 feet in height, which is crossed by those who are permitted to visit the settlement over a shelf-like path, hewn out of the solid rock. We started one day for the settlement from our cottage. We mounted ponies at 7 a. m., rode to the Pali, about two miles, and descended that cliff. A wagon was waiting for us at the bottom. Dr. Senn preferred to walk, while I rode, about two and one-half miles to the headquarters of the settlement. Then we walked about until lunch-time, lunched with the medical superintendent, and in the afternoon continued our studies of the lepers until 4 p. m., when we started on our return trip. Again I preferred to ride while Dr. Senn walked, and this was at a sea level in the tropics. After a most fatiguing ride I succeeded in reaching the top, and there I found Dr. Senn preparing to hunt the wild boar. After pursuing this strenuous sport for some time he returned to our cottage about 7:30, had dinner, and as soon as this was over he began writing a letter to *The Journal of the American Medical Association* detailing his experience among the lepers. I awoke about 2 o'clock, and seeing a light in the dining-room, I immediately went there and found our dear companion writing away as though his life depended upon it. I begged him to put up his work and go to bed,

and notwithstanding this strenuous day he was the first one ready for breakfast in the morning.

He had no discomforts from ocean travel. He loved the ocean always, but loved it least when it was at rest. On one occasion we sailed from Constantinople through the lovely Bosphorus en route for Kostanzi. As soon as we reached the Black Sea our ship began to pitch and roll. Dinner was announced. A few partook of the soup, but Dr. Senn and one other only ate the fish, and his companion soon deserted, leaving him alone. The storm continued unabated until we reached our destination at 5 a. m. In the meantime Dr. Senn had written a long letter for *The Journal of the American Medical Association* on his observations in Constantinople. Those two incidents show us that:

"The heights by great men reached and kept
Were not attained by sudden flight;
But they, while their companions slept,
Were toiling upwards in the night."

Dr. Senn's six books of travels contain an immense fund of information gathered from many sources. They are excellent guide books, descriptive of people, countries, fauna, flora, climatic conditions and the relations of health and disease. His style is entertaining, his language choice, often dramatic, often poetic. His trained perception and his matured judgment make his conclusion always valuable.

I know nothing in the language more dramatic than his chapter, "A Thunderstorm before Santiago de Cuba," and no more beautiful word painting than his "An Evening in Tahiti," and I am sure every physician will be benefited by reading "Travel as a Means of Postgraduate Medical Education," the opening chapter of "Around the World via India." These books will long remain monuments of his deep learning and indefatigable industry.

The master surgeon's journeys in this world have ended. A noble, generous, self-sacrificing life has begun its journey in the great beyond, and when he has reached the presence of the Great Physician whom he loved so well, then may it be said of him: "Well done, thou good and faithful servant. Thou hast been faithful over a few things; I will make thee ruler over many things. Enter thou into the joy of thy Lord."

MEMORIAL SERVICES TO THE LATE NICHOLAS SENN, M.D., PH.D., LL.D.

Under the auspices of Rush Medical College, Northwestern University Medical School, College of Physicians and Surgeons, Chicago Medical Society, Chicago Surgical Society, and the Nicholas Senn Club, memorial services to the late Dr. Nicholas Senn were

held at the Music Hall, Fine Arts Building, Sunday, Feb. 2, 1908, at 2:45 p. m.

Rev. Frank W. Gunsaulus, D.D., delivered the invocation.

Following the invocation, Prof. Albion W. Small, of the University of Chicago, said: "By circumstances beyond their control, the official heads of the three universities which would naturally have taken part in these memorial services are prevented from being present. Dr. Judson is in New York; President James, of the University of Illinois, is confined to his home by illness, and President Harris is held at his home by serious illness in his family. This absence of the proper official representation is, therefore, no index of the part which the sympathies of these universities take in the tribute of respect and admiration to Dr. Senn. Not merely the professional faculties, but the academic faculties regard his death as a loss to the educational interests of Chicago, of Illinois, of the country, and of the world. We bow our heads with you in sorrow, and we join with you in celebrating the worthy and notable professional achievements which are attached to the name of Dr. Senn."

Dr. Frank Billings, representing Rush Medical College, then spoke of "Nicholas Senn as a Teacher" (see speech).

Dr. William E. Quine, representing the College of Physicians and Surgeons, spoke of "Nicholas Senn as a Man" (see speech).

Dr. Henry B. Favill, representing the Chicago Medical Society as its President, spoke of "Nicholas Senn as a Physician" (see speech).

Dr. A. J. Ochsner, representing the Chicago Surgical Society as its president, spoke of "Nicholas Senn as a Surgeon" (see speech).

Dr. Daniel R. Brower, representing the Nicholas Senn Club as its President, spoke of "Nicholas Senn as a Traveler" (see speech).

Professor Small, in bringing the memorial services to a close, said: "There is a meaning to this memorial service, and, while it is not exhausted by speaking and the hearing of praise, its real meaning is in the mind and renewal of allegiance to ideals. A man who has done something worthy of praise is a social asset, not merely as a memory, but as a mark to be reached. The character and worth of Nicholas Senn have been praised because of his honesty as a scientist; his ingenuity as a teacher; his resourcefulness as a physician; his courage as a surgeon; his loyalty as a friend, a citizen and a man. The dignity and worth of our tribute is in the degree in which we are saying these things of him for his own place and for his own part in life. These things we will value; these things we will emulate; these things, as we have the ability, will we promote."

COLLEGE NOTES.

A. B. MacNab, '07, is at the Henrotin Memorial Hospital.

I. E. Levitas, '08, is assisting in the genito-urinary department.

Dr. E. C. McMullen, '07, has gone from St. Joseph's Hospital to St. Luke's.

Dr. Richard Wellington, '06, is recovering from scarlet fever at the County Hospital.

M. M. Scheid, of the Junior Class, is convalescing from typhoid fever at the Presbyterian Hospital.

Dr. Daniel R. Brower leaves for a trip along the Pacific Coast March 1. He will be gone about a month.

The annual banquet of the Junior Class occurs on the evening preceding Washington's Birthday. The affair promises to be even a greater success than last year.

D. N. Roberg, president of the Senior Class, has been appointed fellow in pathology for the year 1908. He is a brother of Dr. O. T. Roberg, of the Department of Surgery.

From the class of 1908 there have entered the Presbyterian Hospital Guy L. Bliss, service of Dr. Graham; J. L. Tyree, service of Dr. Murphy, and R. B. Hasner, service of Dr. Bevan.

A joint meeting of the Rush Medical, Physicians and Surgeons and Chicago Dental College Departments of the Young Men's Christian Association was held February 14. Theodore G. Soares, of the University of Chicago Divinity School, addressed the gathering and music was furnished by the Rush quartet (Messrs. Lindblad, Lord, Doseff and Denny).

ALUMNI NOTES.

Dr. John Randolph Webster, '58, Monmouth, Ill., on Feb. 19, 1908, will celebrate his fiftieth anniversary of his medical practice. He is giving a dinner in honor of the event, to which cards have been issued to the old friends and associates.

George A. Skinner, '92, captain and assistant surgeon U. S. Army, is now located at Camp Downes, Layte, P. I. He says in a letter to the secretary: "I like the army life very much, even when on foreign service as at present. I will be over here for nearly two years yet. I wish I might be present at the meetings, especially at the graduating exercises each year. The clinics arranged for those times make one realize what he misses by not being more in touch with centers of medical teaching. But we can not all be in the same place, and I like my work, so have to forego something. Give my best wishes to any of the classmates and friends who happen to remember me."

BIOGRAPHICAL SKETCHES.

'50. **Franklin B. Ives**, Cambridge, Mass., entered Rush in 1854. He attended Rush during the winters of 1845-6 and 1849-50, but had begun to practice medicine in 1848. After practicing medicine for several years, he felt constrained to preach the gospel, and did so, dropping practice for a number of years. He then preached and practiced at the same time, and he says, "God blessed my efforts in both capacities; patients got well and men believed the gospel." His work has been in Langley, Ill., Chicago, and Bureau County. He is now 84 years of age. He is not in active practice now. He has retired on account of his age. He is married and has had five children, four of whom are living.

'63. **Fernando C. Robinson**, Wyanet, Bureau County, Illinois, entered Rush in 1861. He was prepared at the Onondaga Valley Academy, New York; one term at Cortlandville Academy, New York. He taught eleven terms in the schools of Lee, LaSalle and Fulton Counties. He read medicine in the office of Dr. J. W. Edwards, of Mendota, Illinois. He is still in active practice in Wyanet, Bureau County, where he has been located more than forty-four years. He is a member of the American Medical Association, the State Medical Society, the North Central Illinois, and Bureau County Medical Societies. He has been president of the North Central Illinois and Bureau County Medical Societies, and chairman of the committee on the practice of medicine of the State Medical Society in 1889. He has been coroner of Bureau County, and is president of the Board of Health. The doctor has written a genealogy of the Robinson and Wallis families, which has been published, and is now writing a story of his life. In 1900 he attended the Paris Exposition. He is married and has two children.

'66. **James M. McMasters**, Sauk Centre, Minn., entered Rush in 1865. He was prepared at St. Paul's College, Missouri, and received the degree of A.B.; University of Illinois, A.M. Hon. He is still in active general practice. He has practiced since graduation in St. Paul, Minn., in 1866, and was contract surgeon, U. S. A., in 1867-8, and since then at his present location. He was assistant surgeon of Minnesota Volunteers, 1864-5. He is a member of the local and state medical societies and of the A. M. A. He is married and has two children.

'69. **Lee W. Fulton**, New Berlin, Ill., entered Rush in 1863. He is not in active practice now, retired this year. He has practiced since graduation at Carthage, Mo., from 1891 to 1894, and since then at his present location. In 1878 he took postgraduate courses at Cook County Hospital and Rush on Diseases of Women. He is married and has five children. Will H. King, a brother-in-law, graduated from Rush. He died in 1905.

'67. **Albert Morrall**, Wamego, Kans., entered Rush in 1860. He is not in active practice now. He retired in 1906. He has practiced since graduation at his present location. He is a member of the Kansas State Medical Society. He was assistant surgeon for the Union Pacific Railroad previous to 1894. He was postmaster at Wamego, Kansas, 1894 to 1898. He was an officer in the Confederate Army, 1860 to 1865. He is a member of the Baptist Church. He is married and has one child, a daughter.

'66. **Charles True**, Kankakee, Ill., entered Rush in 1864. He is still in active practice. He has practiced since graduation at Lansing, Iowa, for three years, then Chatsworth, Ill., until 1887, and since then at his present location. He is a member of the Kankakee County, Illinois State Medical Societies and the A. M. A. He served fourteen months in the army, Company K, Fifteenth Illinois Cavalry. He was discharged for disability. He was acting surgeon, Swift U. S. General Hospital, at Prairie du Chien, Wis., for eight months in 1865. He is married and has had three children, two of whom are living.

The Bulletin

OF THE ALUMNI OF RUSH MEDICAL COLLEGE

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B. M. LINNELL, Editor	=	=	=	=	100 State Street, CHICAGO, ILL.
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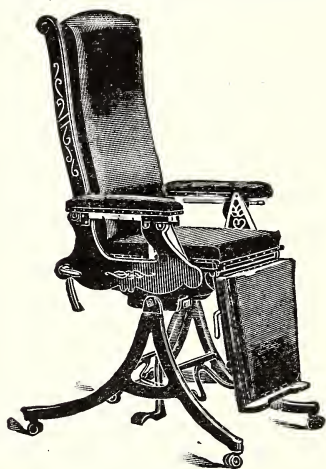
The following classes are scheduled for a reunion next June; some others are planning also for reunions and there will be many from all the other classes, '53, '58, '63, '68, '73, '78, '83, '88, '93, '98 and '03. In charge of Dr. H. H. Kleinpell, Rush Medical College.

SPECIAL OFFER

THE "GARLAND"

Combination Physician's Chair and Table

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We would especially call your attention to the fact that when the "Garland" Chair is in table or horizontal position it is full six feet long, and when it is in normal or sitting position, the seat is only twenty-three inches high and is twenty-one wide between the arms; and that the patient is always seated in the chair, and by the act of reclining the seat is raised until, in a horizontal position, it is twenty-nine inches high and on a level with the top of the arms, making a width over all of thirty-one inches.

DIMENSIONS—Seat in Normal Position is 23 inches; in Table Positions, 29 inches high; length, 6 feet; width between arms, 20½ inches; over arms, 30 inches. Weight, packed for shipment, about 200 pounds.

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RUSH MEDICAL COLLEGE, IN AFFILIATION WITH THE UNIVERSITY OF CHICAGO.

SCHEDULE OF COURSES OF ESPECIAL INTEREST TO ALUMNI AND PRACTITIONERS.*

*Medicine.**ARENA CLINICS.*

- Dr. Frank Billings, Mondays and Thursdays, 9 to 11 a. m.; or, Dr. J. L. Miller, J. A. Capps, Thor. Rothstein, C. E. Rosenow or W. E. Post.
- Dr. James B. Herrick, Tuesdays and Fridays, 9 to 11 a. m.; or, Dr. Theodore Ticken.
- Dr. B. W. Sippy, Wednesdays and Saturdays, 9 to 11 a. m.; or, Dr. Ludwig Loeb.

Nervous and Mental Diseases.

- Dr. D. R. Brower, Wednesdays, 9 to 11 a. m.
- Dr. J. C. Gill, Mondays, 9 to 11 a. m.

Diseases of Children.

- Dr. A. C. Cotton, summer and winter quarters, 9 to 11 a. m.
- Dr. J. M. Dodson, autumn and spring quarters, 9 to 11 a. m.

Surgery.

- Dr. A. D. Bevan, Mondays and Thursdays, 11 a. m. to 1 p. m.; or, Dr. Dean Lewis.
- Dr. D. W. Graham, Saturdays, 2 to 4 p. m.; or, Dr. W. T. Belfield (summer quarter).
- Dr. J. B. Murphy, Tuesdays and Fridays, 11 a. m. to 1 p. m.; or Dr. J. M. Neff.

Gynecology.

- Dr. J. Clarence Webster, Wednesdays and Saturdays, 11 a. m. to 1 p. m.; or, Dr. A. B. Keyes or F. W. Lynch.

Diseases of the Throat, Nose and Ear.

- Dr. E. Fletcher Ingals, Wednesdays, 2 to 4 p. m.; or, Dr. J. E. Rhodes or O. T. Freer.
- Dr. G. E. Shambaugh (Ear, autumn, winter and spring), Fridays, 2 to 4 p. m.; or Dr. F. I. Brown (summer quarter), Mondays, 2 to 4 p. m.

Diseases of the Eye.

- Dr. W. H. Wilder, Mondays and Fridays, 2 to 4 p. m.; or Dr. E. V. L. Brown.

Skin and Venereal Diseases.

- Dr. J. N. Hyde, Mondays and Thursdays, 2 to 4 p. m.; or Dr. F. H. Montgomery.

Genito-Urinary Surgery.

- Dr. W. T. Belfield, Mondays and Fridays, 4 to 6 p. m.; or, Dr. J. A. Patton.

*Medicine.**CLINICS TO SMALL GROUPS OF STUDENTS.*

- Dr. S. R. Slaymaker, Cook County Hospital, Thursdays, 9 to 11 a. m.
- Dr. Jos. L. Miller, Cook County Hospital, Wednesdays, 2 to 4 p. m.
- Dr. Jos. A. Capps, Cook County Hospital, Tuesdays, 2 to 4 p. m.
- Dr. Theodore Ticken, Cook County Hospital, Mondays, 9 to 11 a. m.
- Dr. George W. Hall, Cook County Hospital, Fridays, 9 to 11 a. m.

* The right is reserved by the faculty to make necessary changes in the courses offered at any time.

- Dr. M. M. Portis, Cook County Hospital, Wednesdays, 4 to 6 p. m.
 Dr. J. C. Friedman, Cook County Hospital, Thursdays, 4 to 6 p. m.
 Dr. Ludwig Loeb, Cook County Hospital, Wednesdays, 11 a. m. to 1 p. m.
 Dr. Leon Bloch, Cook County Hospital, Saturdays, 4 to 6 p. m.
 Dr. Peter Bassoe, Cook County Hospital, Thursdays, 4 to 6 p. m.
 Dr. J. H. Hoelscher, Alexian Bros. Hospital, Tuesdays and Thursdays, 9 to 11 a. m.
 Dr. H. B. Favill, St. Luke's Hospital, Wednesdays (winter quarter only), 4 to 6 p. m.
 Dr. B. M. Linnell, Clinical Diagnosis, college, Fridays, 9 to 11 a. m.

Pediatrics.

- Dr. Isaac Abt, Cook County Hospital, Wednesdays, 4 to 5 p. m.
 Dr. F. S. Churchill, Cook County Hospital (autumn and spring only), Mondays and Wednesdays, 9 to 10 a. m.

Nervous and Mental Diseases.

- Dr. D. R. Brower, Cook County Hospital, Fridays, 4 to 6 p. m., and Mondays, 5 p. m.; or, Dr. Sydney Kuh.

Surgery.

- Dr. I. A. Bouffleur, Cook County Hospital, Tuesdays (except summer quarter), 11 a. m. to 1 p. m.
 Dr. L. L. McArthur, St. Luke's Hospital, Wednesdays (winter quarter only), 2 to 4 p. m.
 Dr. M. L. Harris, Cook County Hospital (hours to be announced later).
 Dr. E. W. Ryerson (orthopedic surgery), Cook County Hospital, Mondays, 3 to 4 p. m.
 Dr. J. M. Neff, Cook County Hospital, Thursdays, 11 a. m. to 1 p. m.; or, Dr. C. J. Rowan.
 Dr. A. Belcham Keyes, Cook County Hospital, Thursdays, 2:30 to 4 p. m.
 Dr. Samuel L. Weber, Cook County Hospital, Mondays, 4 to 6 p. m.
 Dr. C. F. Thompson, Cook County Hospital, Fridays, 11 a. m. to 1 p. m.
 Dr. Lawrence Ryan, Cook County Hospital, Thursdays, 7 to 9 p. m.

Diseases of the Eye.

- Dr. Brown Pusey, Cook County Hospital, Thursdays, 5 to 6 p. m.
 Drs. W. H. Wilder and E. V. L. Brown (Illinois Charitable Eye and Ear Infirmary), Thursdays and Saturdays, 2 to 3 p. m.

DISPENSARY CLINICS.

Out-patient clinics to small groups of students are given as follows:

In the Central Free Dispensary, Senn Hall:

- General Medicine, daily from 9 to 11 a. m.
 Nervous and Mental Diseases, daily from 9 to 11 a. m.
 Diseases of Children, daily from 9 to 11 a. m.
 General Surgery, daily from 11 a. m. to 1 p. m.
 Genito-Urinary Surgery, daily from 4 to 6 p. m.
 Gynecology, daily from 11 a. m. to 1 p. m.
 Diseases of Throat and Nose, daily from 2 to 4 p. m.
 Diseases of the Ear, from 1:30 to 3 p. m.
 Diseases of the Eye, daily from 2 to 4 p. m.
 Skin and Venereal Diseases, daily from 2 to 4 p. m.

At the West Side Hebrew Dispensary, Maxwell and Morgan Streets (autumn and spring quarters only).

MEDICINE.

- Dr. A. W. Schram, Wednesdays and Saturdays, 4 to 6 p. m.
 Dr. A. D. Kohn, Wednesdays and Saturdays, 10 to 12 a. m.

SURGERY.

Dr. E. Friend, Wednesday and Saturdays, 4 to 6 p. m., and Dr. T. A. Greensfelder, Mondays and Thursdays, 4 to 6 p. m.

LABORATORY AND PRACTICAL COURSES.

Laboratory and practical courses in all of the fundamental and clinical branches of medicine are given throughout the year, among which are the following:

At the University of Chicago:

Dissection, autumn, winter and spring quarters.
 Microscopic Anatomy, throughout the year.
 Osteology, autumn quarter.
 Embryology, spring and summer quarters.
 Neurology, spring quarter.
 Chemistry, each quarter.
 Physics, each quarter.
 Physiology, each quarter.
 Physiological Chemistry, winter and autumn quarters.
 Pharmacology, spring and summer quarters.
 Bacteriology, autumn and summer quarters.
 Pathology, each quarter.
 Anatomy of the Throat, Nose and Ear, summer quarter.
 Pathology of the Eye, summer quarter.
 Infection and Immunity, summer quarter.

Advanced courses are offered at the University each quarter and special facilities are afforded for research work in all departments.

At Rush Medical College (Wood and Harrison Streets).

Anatomy—Dissection, Dr. Parker (winter only).
 Materia Medica, Medical Pharmacy and Toxicology, Prof. Haines (autumn and spring).
 Practical Therapeutics (winter and spring).
 Kinesotherapy (Massage and Muscular Movements) Mr. Oldenborg (autumn, winter and spring).
 Pathology, Special Pathology, Gross and Microscopic, Dr. Le Count (each quarter).
 Histology and Diagnosis of Tumors, Dr. Le Count (autumn and winter).
 Advanced and Research Courses, Drs. Hektoen, Le Count and Bassoe (each quarter).
 Medicine, Laboratory Diagnosis (each quarter).
 Operative Surgery on the Cadaver, Drs. Bouffleur, Parker and Ryan (autumn, winter and spring).
 Obstetrics and Gynecology, Practical Obstetrics, laboratory course, Drs. Holmes, Culbertson, Fehring and Lee (each quarter).
 Obstetrical and Gynecological Diagnosis, a laboratory course, Drs. Lynch and Fehring (each quarter).
 Physical Diagnosis, Dr. Ticken and others (autumn quarter).
 Laryngoscopy and Rhinoscopy, operative course on the cadaver, Drs. Stubbs and Friedburg (spring and summer quarters).
 Ophthalmoscopy, Drs. Brown, Boettcher (each quarter).
 Otoscopy, Drs. Shambaugh, Fisk, McGibbon (each quarter).
 Anatomy of the Ear, Dr. Boot (summer quarter).
 Anatomy and Pathology of the Eye, Dr. Brown (autumn and spring).
 Histopathology and Bacteriology of the Skin, Dr. Ormsby (spring).
 Radio and Photo-Therapy, Drs. Montgomery and Ormsby (at intervals).

TWO WEEKS OF CLINICS FOR THE ALUMNI.

Following commencement and the meeting of the American Medical Association, there will be held two weeks of clinics especially devoted to the Alumni of Rush Medical College, June 5 to 20.

We are publishing to-day the clinics as given at Rush Medical College for the whole year, with the hour, place of holding, etc. These clinics will be special for the Alumni, in that some of the clinics not held during the summer quarter will be continued then, and special effort will be made for the heads of the Departments and those scheduled for the clinics to hold them as published during those two weeks.

These two weeks of clinics are free to graduates of Rush Medical College.

It will be wise for those wishing to attend them or to take any of the smaller clinics or courses or any of the laboratory work or special courses to write ahead and secure places. If anyone wishes to do work which is not indicated on the list, arrangements might be made if sufficient notice were given the college. Write to the college office for all information relating to the clinics and special courses.

MEMBERSHIP OF THE ALUMNI ASSOCIATION.

The membership of the Alumni Association has reached **630**. We need **370** more to make our number **1000**.

We are enclosing an extra SLIP in each envelope to those who have NOT paid their dues for the year ending April 1, 1908. YOU can help make this 1,000: YOU who have not paid your dues by sending a dollar to the Treasurer AT ONCE; and you who have, by seeing that each alumnus with whom you come in contact sends in HIS DUES. Our President, Dr. Meyer, has every one in La Porte a member of the Association. We need the money for the meeting in June to make it comfortable for you. We promise you value received for all money sent. The Fellowship Fund for this year is completed, a magnificent achievement for Rush Alumni. The Fellow, Dr. Davis, is at work. We will hear from him in June at the regular meeting of the Association, Tuesday, June 2, 1908.

The pledges for the Fellowship Fund for the next two years are about complete. A definite announcement will be made next month.

All these things have been accomplished. Help to finish this work of the year without debt and funds for next year.

Our President will be satisfied with no less than **1000** members for **1908**.

PROBABLE PROGRAM FOR JUNE, 1908.

The program for commencement week will be about as follows:

MONDAY NIGHT, JUNE 1, 1908.

Theater Party for Rush Alumni.

TUESDAY, JUNE 2, 1908.

Special Clinics at Rush.

Meeting of the A. M. A.

Evening 8 p. m. Rush Alumni Business Meeting, Smoker and Class Reunions.

WEDNESDAY, JUNE 3, 1908.

Special Clinics at Rush.

Meeting of the A. M. A.

THURSDAY, JUNE 4, 1908.

Special Clinic at Rush.

Meeting of the A. M. A.

FRIDAY, JUNE 5, 1908.

Morning, Meeting of the A. M. A.

6 p. m., Commencement Exercises of Rush Medical College.

8 p. m., Annual Banquet of the Faculty to the Graduating Class.

COLLEGE NOTES.

G. L. Kaufmann, '08, has entered St. Joseph's Hospital.

R. L. Buffum and Herbert Saylor have entered the Presbyterian.

Dr. Quick, '02, Appleton, Wis., is spending a few days in Chicago.

Dr. Samuel C. Beach, '92, McCook, Neb., is doing postgraduate work at Rush.

F. E. Abbott and B. H. Durley have secured internships at St. Mark's Hospital, Salt Lake City, Utah.

Six Rush men were selected from eight applicants to take the written examination at St. Luke's Hospital.

Dr. Frank Billings went abroad about the 1st of March to be gone about two months. He will travel mostly in Italy.

Dr. Evarts Graham is instructing the bacteriology class from the Presbyterian Training School, assisted by H. E. Webster.

The Rush, Northwestern and Physicians and Surgeons Chapters of Alpha Kappa Kappa will give their annual dance at the West End Woman's Club, Friday, March 13.

The commencement for the winter quarter will occur Thursday, June 19, 1908, at the college, the upper amphitheater, at 4 p. m. Prof. A. D. Bevan will deliver the address.

The Rush Chapter of Nu Sigma Nu plans to move from its present location, 230 Ashland Boulevard, to the Chalmers residence, 179 Ashland Boulevard, about April 1.

From the Senior Class the following have been elected to Alpha Omega Alpha: J. E. Tyree, L. Gomez, F. Riley, Miss Meigs, J. G. Saam, R. B. Hasner, A. A. Strauss, A. E. Elliott, A. E. Lord and G. D. Scott.

Registration for the spring quarter will be conducted under a new plan. Each student makes a deposit of \$15 instead of paying

full fees as heretofore. Then the order of registration is determined by lot.

The Presbyterian Hospital has broken ground for a new building at the corner of Harrison and Hermitage, just east of Senn Hall. It will be used for a power plant, isolation ward and quarters for employés.

Lectures in Medical Economics have been attended by both Juniors and Seniors. The following lectures have been given: "Medical Ethics," Professor Wilder; "The Relations of Pharmacist and Physician," Prof. C. S. N. Hallberg of the University of Illinois School of Pharmacy; "The Business Side of Medicine," Professor Ingals.

Interneships given since June, 1907: A list of the interneships will be published next month after the Cook County examinations have been held, which come March 27, 30 and 31. On March 6 an examination was held at St. Luke's Hospital, which resulted in Rush obtaining five of the eight places, including the first. Those who took places are as follows and in the order of their appointments: P. H. Linthicum, H. E. Wheeler, H. S. W. Spencer, C. A. Griffith, C. H. R. Hovde.

ALUMNI NOTES.

Dr. L. L. Ten Broeck, '07, is located at Chisholm, Minn.

Dr. J. H. W. Meyer, Jr., son of the president of the association, has received an appointment as interne at St. Anthony's Hospital.

Dr. H. J. Betten, '00, Garneill, Mont., is taking a postgraduate course at the Postgraduate College. He is the only doctor in his town and within twenty miles.

Robert A. Bachmann of the class of 1900 is now Senior Medical Officer of the U. S. S. *St. Louis*. An interesting account of his work appeared in *The Journal A. M. A.*, Nov. 23, 1907.

From a recent list of the licentiates in Wyoming it is seen that Rush has twenty alumni practicing in that state. Dr. S. B. Miller, of the class of 1878, is the secretary of the Wyoming State Board of Medical Examiners.

Class Reunions: '99.—B. H. Breakstone, 100 State St., president, and Dr. Wm. D. Byrne, 6900 Wentworth Ave., secretary, are arranging for a reunion in June; '89—Dr. H. A. Robinson came into the secretary's office a few days ago for a list of his class and said he was going to get up a reunion for '89 for next June.

BIOGRAPHICAL SKETCHES.

'65. **Henry T. Godfrey**, Galena, Ill., entered Rush in 1864. He was prepared at the Irish National School and Vinehouse Academy, Epping Forest, near London. He was a medical student of McGill College, Montreal, three years before coming to Chicago. He is still in active practice. He has practiced since graduation at Benton, Wis., 1866 to 1880, and since then at his present location. He did postgraduate work in Philadelphia in 1895 and 1904. He is surgeon to St. Mary's Hospital in Galena, Ill. He is secretary of the U. S. board of pension examiners in Galena. He is local surgeon for the I. C. R. R., and district surgeon for the C. and N. W. Ry. He was assistant surgeon in the One Hundred and Fifty-sixth Illinois Infantry Volunteers during the Civil War. He is a member of the Jo Daviess County, Illinois State, Chicago Medical Societies, and the A. M. A. He is a member of the National Association Railway Surgeons. He is a member of the G. A. R. and Loyal Legion. He is a Mason. He is a member of the Episcopal Church, vestryman. He is a republican and a member of the Hamilton Club of Chicago, Ill. He is married and has had five children, four of whom are living. He has two brothers and two sons who have graduated from Rush. His brother, Dr. J. Godfrey, Lancaster, Wis., was in the class of 1880, and the other brother, Dr. Peter Godfrey, Burlington, Vt., graduated from Rush. His son, A. C. Godfrey, Lander, Wyoming, graduated in '90, and the other son (deceased), Walter J. Godfrey, attended Rush.

'66. **Truman E. Loope**, Eureka, Wis., entered Rush in 1864. He is still in active practice. He practiced since graduation in Spring Valley, Minn., 1866-7, and since then at his present location. He has been president of Berlin U. S. Pension Examiners' Board for the past nine years. He was president of Green Lake and Waushara County Medical Society, 1905-6. He is a member of Green Lake, Waushara County, Wisconsin State, Fox River Valley, Winnebago County Medical Societies, and the A. M. A. He was register of deeds of Winnebago County, 1881-2. He was president of Wisconsin State Horticultural Society from 1901 to 1907. He was a member of Winnebago County Board (Oshkosh, Wis.) supervisors for ten years, about 1885 to 1895. He is married and has two children, a daughter and son. The son, T. E. Loope, Jr., was a graduate of Rush in '96.

'67. **Benj. Franklin Kierulff**, Marshalltown, Iowa, entered Rush in 1865. He is still in active practice, but does more or less special work in eye, ear, nose and throat. He practiced in Los Angeles, Cal., from 1886 to 1875. He was prepared at the academic school in Hamburg, Germany and Iowa College at Grinnell, and had taken one semester in the medical department of the University of Pennsylvania before coming to Rush. He did postgraduate work in Chicago in 1895. He was U. S. Hospital steward in the late war of the rebellion. He was appointed by Drs. Kraewitz and Jacobi of New York City as surgeon for the government of Germany and served one year in the German Army, 1871-1872. He received the ribbon and steel cross from the German Government for hospital work. He spent one year at the Allgemeinen Krankenhaus, Vienna. He was in Paris six months after the Franco-Prussian war attending de Wecker's and Transon's clinics. He was in London six months and in Bonn three months. Altogether he spent three years in Europe. He is a member of the Marshall County, the Union Medical Society of Linn County, the Iowa State Medical, the American Academy of Ophthalmology and Oto-Laryngology, and the A. M. A. He is married and has had four children, all sons, three of whom are living.

'68. **Robert N. Barger**, Hopedale, Ill., entered Rush in 1866. He was prepared at Illinois College, Jacksonville, Ill. He is not in active practice

now. He retired about three years ago on account of paralysis. He has practiced since graduation at Menier, Ill., from 1868 to 1871, and since then at his present location. He did postgraduate work in 1876 and 1877 at St. Louis, Mo., McDowell College, general medicine, in 1890, at the Chicago Polyclinic, abdominal and pelvic surgery. He is a member of the Brainard District Medical Society and the A. M. A. He served three years in the Civil War. He is married and has three children. Since writing the above we have learned that the doctor died December, 1907.

'68. **James McClure**, St. Louis, Mo., entered Rush in 1866. He was prepared at Morton's Academy at Princeton, Ind. He is still in active practice. He has practiced since graduation in (1868 to 1869) Gibson County, Ind., and since then at his present location. He was United States Examining Surgeon for Pensions, 1889 to 1893. He has examined over 10,000 men. He is a member of the St. Louis and Missouri State Medical Societies and the A. M. A. He enlisted in Company H, Seventeenth Infantry and Mounted Infantry and served to August 19, 1865. A greater portion of the time he was scout under General Wilder. In 1865 in Alabama he captured F. P. Gurley, who was a noted bushwhacker or guerilla, and was said to have assassinated General Robt. McCook of Ohio. He is a member of the Grand Army, Veteran Legion and a Mason. He is a Baptist, and a republican. He is not married. Has been afflicted with asthma since the winter of 1864 and 1865, so confines his practice mostly to office work.

'69. **James Tweddale**, Washburn, Ill., entered Rush in 1867. He was educated at Princeton Academy, New Jersey. He is still in active general practice and says he does not intend to retire. He is married and has two sons.

'69. **W. A. Gordon**, born 1846, entered Rush 1867. Graduated 1869. Has practiced since graduation at Winneconne, Wis., 1869 to 1870, 1870 to 1895 at Oshkosh, Wis., and has been superintendent of the Northern Hospital for the Insane at Winnebago, Wis., since July 1, 1895. He is a member of the Wisconsin State, Brainard, Fox River Valley, and Winnebago County Medical Societies. He was married and Mrs. Gordon died in 1903. He has one daughter living. His son, W. A. Gordon, Jr. who was of the class of 1903, died December 10, 1907.

'69. **Fred F. Sovereign**, Three Oaks, Mich., entered Rush in 1866. He was prepared at Valparaiso Male and Female College—degree of B.A. He has practiced since graduation at Michigan City, Ind., '69-'74, and since then at his present location. He was in the War of the Rebellion, June, 1864, to September, 1865, first duty sergeant of Company B, One Hundred and Fifty-first Indiana Volunteer Infantry. He has been a member of the school board for twenty-five years. He was a member of the State Senate from 1900 to 1903. He is a thirty-second degree Mason and an Odd Fellow. He is married and has one child, a daughter.

'69. **J. C. Hoffman**, Chicago, Ill. entered Rush in 1867. He was prepared at Wheaton College, Knox College and the U. S. Naval Academy, Annapolis. He is still in active practice, and makes a specialty of diseases of the brain and nerves, including narcomania. He has done postgraduate work at Heidelberg, Munich, Berlin, Vienna and Paris. Degree of Doctor Medicinæ from Würzburg, Bavaria. He practiced since graduation at Mendota, Ill., 1871 to 1873, and then at his present location. He served as surgeon in the Franco-Prussian war. He was at one time physician at the Illinois State Insane Hospital. He has been a member of numerous

medical societies, but has severed connection with all on account of lack of time. His father was war lieutenant governor of Illinois, 1860 to 1864. Dr. Hoffman served in the U. S. Navy during the Civil War as midshipman. He is a Mason, a member of the George H. Thomas Post No. 5, G. A. R., a Fellow of the Theosophical Society of India, the Würzburger Physikalischer Verein and of the London Psychic Research Society. He was a member of the Makaria Burschenschaft, Germany. He is author of "Das Wesen der Chronischen Krankheiten," "The Opium Habit and Its Treatment," "Thirty Years with the Addicted," etc. He is married and has had four children, three of whom are living: Mrs. Dr. C. M. Service of Chicago, Richard Yates Hoffman and Robin Dewey Hoffman. The following graduates of Rush are related to him: Dr. Theodore Hoffman, deceased, an uncle, and Dr. Alfred Schloesser, '71, a cousin.

'70. **Benj. F. Farley**, York, Neb., entered Rush in 1869. He graduated from Illinois Wesleyan University and received the degree of B.S. He is still in active general practice. He has practiced since graduation at Braceville and Buckingham, Ill. He has done postgraduate work in Chicago in 1878 and 1879; also at Polyclinic School and Hospital, Chicago (twice), Polyclinic and Post-Graduate School and Hospital, New York City. He is a lecturer on physiology in York College. He is now proprietor and manager of Hillside Hospital, York, Neb., and consulting physician to Randall Memorial Hospital, York, Neb. He has been president of the York District and County medical societies, also of the Railway Surgeons Societies of St. Joseph and Grand Island and the Omaha and St. Joseph Railways. He was vice-president of the Nebraska State Medical Association in 1906. He is married and has had four children; three daughters are living. The following relatives were graduates of Rush: A brother Isaac P. Farley, '86, and a nephew, William K. Farley, '87.

'70. **Francis M. Pickens**, Winfield, Kan., entered Rush in 1869. He has taken two full courses at Ann Arbor, 1864 to 1866. He is still in active general practice. He has practiced since graduation in Bowling Green, Ind., 1868 and 1874, Centerville, Ind., 1874 and 1883, and since then at his present location. He has been coroner of his county two terms, 1896 to 1900. He was a member of the U. S. Board of Pension Examiners under Grant's, Harrison's and McKinley administrations. He did postgraduate work in Chicago, at the Physician's and Surgeon's College, 1883 to 1884. He is a member of the County and Kansas State medical societies. In November, 1862, he was commissioned as second lieutenant, Company B, Thirty-first Indiana Infantry. A year later he was made captain of the company when not yet 20 years old. He served three years and resigned October, 1864. He was in the following battles: Shiloh, Corinth, Stone River (where his oldest brother was killed), Chickamauga, Rocky Face Ridge, Buzzard's Roost, Burnt Hickory, Kennesaw Mountain, Risaeca and Pine Tree Creek. He is married and has had three children, one of whom is living, a daughter. A brother, Winfield S. Pickens, was graduated from Rush about 1876. He practiced only about three years, when he took up literature as a profession, and died in 1907.

'71. **William T. Montgomery**, Evanston, Ill., entered Rush in 1869. He is still in active practice, and makes specialty of eye and ear. He was prepared at Lincoln University, Lincoln, Ill. He was an interne in Cook County Hospital eighteen months immediately after graduation. He practiced for six months in Atlanta, Ill., and since then at his present location. He has done postgraduate work in London, Berlin, Vienna, Paris, in eye and ear. He was attending oculist and aurist at Cook County Hospital

from 1874 to 1877. He was oculist and aurist of Woman's Medical College from 1881 to 1896. He was surgeon of Illinois Charitable Eye and Ear Infirmary, 1877 to 1897. He was oculist to Presbyterian Hospital 1898 to present time. He has been a trustee of the Illinois Charitable Eye and Ear Infirmary since 1898. He is a member of the Chicago, Illinois State medical and Chicago Ophthalmological societies and the A. M. A. He is a member of the Illinois Club, Evanston Country and Evanston Golf Clubs. He is a member of the Presbyterian Church. He has traveled extensively in this country and in Europe, Egypt, Palestine and Turkey. He served four years in the War of the Rebellion, 1861 to 1865. He is married but has no children.

'75. **William H. Watson**, Chebanse, Ill., entered Rush in 1871. He was born in Pennsylvania in 1844 and came to Illinois in 1853. He was 64 years old March 6, 1908. He has practiced since graduation at Melvin, Ill., Braidwood, Ill., Eldridgeville, Ill., and since then at his present location. He practiced after one course at Rush for two years before finishing his course, "sidewalk class," so called. He is still in active general practice. He has been surgeon for the Illinois Central Railroad for twenty-seven years. He belongs to the American Association of Railway Surgeons. He was private in Company B, Fifty-third Illinois Infantry, 1861 to 1865. He was prisoner of war for fourteen months and spent some time in Andersonville. He was postmaster for two terms under Cleveland's administration. He is secretary of the Illinois Union ex-Prisoners of War Association. He is commander of Jacquith Post, G. A. R. He is a Mason and Knight Templar. He is married and has two children, a son and daughter. The son, James Watson, is a dentist in Highland Park, Ill.

'77. **Myron A. Tibbits**, Linden, Mich., entered Rush in 1876. He was prepared at London Business College. He is still in active general practice. He practiced at Penconning, Mich., from 1877 to 1882. He did postgraduate work at the Postgraduate Medical School in Chicago in 1892. He is married but has no children.

'77. **William Hull Ten Broeck**, Paris, Ill., entered Rush in 1875. Attended Wooster University before coming to Rush. He is still in active general practice. He is a member of the Esculapian Society of the Wabash Valley, the Edgar County and the Illinois State medical societies and the A. M. A. He is married but has no children.

'77. **Fr. Robert Nitzsche**, Dubuque, Iowa, entered Rush in 1876. Previous education was obtained at Fletcher Seminary and Surgical Medicinisch Academy in Dresden, Germany. He retired from active practice in 1900. He at one time published a German periodical, the "Wissenschaftliche Monats-Blätter," also a pamphlet called "Wahrheit-Licht-Leben." He was at one time Director der Gymnastischen Heilanstalt "*Orthopödeon*" in Dresden, and at that time published two books, "*Beiträge zur Therapie der Rückgratsverkrümmungen*," and *Nitzsche's gymnastische Heilmethode*." He is a member of the Dubuque County Medical Society. He is married and has had three children, two of whom are living.

'78. **Andrew J. Robinson**, Aspen, Colo., entered Rush in 1876. He is still in active general practice and has practiced since graduation at Cambridge, Ill., 1878 to 1880, Gunnison, Colo., 1880 to 1885. He did postgraduate work at Chicago Policlinic in 1891. He has been physician in charge of the Citizens' Hospital at Aspen for the last ten years. He belongs to Garfield County and Colorado State medical societies and the A. M. A. During 1903 and 1904 he was mayor of Aspen. He is a Baptist. He is married and has one child.

'78. **Howard L. Pratt**, Elgin, Ill., entered Rush in 1875. He was prepared at Woodstock public school and Todd's Academy, Woodstock, Ill. He is still in active practice. He has practiced since graduation at Wellington, Kan, and Toulon, Ill., 1878 to 1883, and since then at his present location. He is a member of the Fox River Valley Medical Association and the Illinois State Medical Society. He is a member of the First Baptist Church. He is married and has had two children, both of whom are living. An uncle, Dr. J. Allen Torrey, 1862, is a graduate of Rush.

'78. **Edwin Orlando Boardman**, Overton, Neb., entered Rush in 1876. He was prepared at the Teachers' Institute and Classical Seminary at East Paw Paw, Ill. Is still in active general practice. He has practiced since graduation at Osceola, Ill., ten years, Clay Center, Neb., one year and since then at his present location. He was coroner of Dawson County, Nebraska, from 1900 to 1902. He is a member of the Dawson County and Nebraska State Medical Societies and the A. M. A. He has been a member of the Baptist Church since 1874. He is married and has a son and daughter. An uncle, Dr. James C. Boardman, now deceased, was a graduate of Rush.

'78. **Robert A. McClelland**, Yorkville, Ill., entered Rush in 1875. He is still in active practice. He received the first certificate of honor for completing a full three years' course given by the college. He was a member U. S. Pension Examining Board at Ottawa, Ill., 1888 to 1892, also U. S. Pension Board of Surgeons at Aurora, Ill., 1896 to 1902. He has been coroner of Kendall County and secretary of Kendall County Medical Society. He is a member of Kendall County and Fox River Valley medical societies and the A. M. A. From 1882 until 1892 he was a member of the Board of Education of Yorkville, and he is now a member of the Board of Trustees. He has been a member of the Congressional Committee of the Twelfth District. He is married and has had two sons, one of whom is living.

'78. **John Randolph Currens**, Two Rivers, Wis., entered Rush in 1876. Preparatory training was obtained at Carthage College and Plymouth high schools. He is still in active general practice. He practiced for a few months after graduation at his home in Plymouth, Ill. Has practiced at Two Rivers since June, 1878. He has been president of the Manitowoc County Medical Society several times. He was president of the Wisconsin Board of Medical Examiners for nearly six years and a member for eight years. He was health officer of Two Rivers for over twenty years. He was a member of the U. S. Board of Pension Examiners. He is a member of the National Legislative Council of the A. M. A. He was one of the originators of the American Confederation of Reciprocating State Medical and Licensing Board, which has done a great deal to raise the standard of medical education, and was its president for the first two years. He is a member of the Manitowoc County, Milwaukee and Wisconsin State medical societies and the A. M. A. He is a Republican and has been a delegate to every State Republican convention for the last twenty-five years. He was president of the Public Library Association of Two Rivers for several years. He is serving in his second term as mayor of Two Rivers, Wis., and is now president of Wisconsin League of Municipalities. He is a Mason, Elk and Woodman. He is a widower, and has one child, a daughter, Mrs. J. N. Wallace of La Crosse, Wis., who is a graduate of Chicago University. A cousin, Arthur G. Randolph, Kansas City, Mo., was a graduate of Rush, '99.

'79. **G. G. Chittenden**, Janesville, Wis., entered Rush in 1876. He was prepared at the University of Wisconsin. He is still in active practice. He has practiced since graduation at his present location. He is a widower and has one child, a daughter, who is married and living in Janesville.

'79. **Frederick C. Werner**, Watertown, Wis., entered Rush in 1877. He was prepared at Watertown High School and Chicago College of Pharmacy, where he received the degree of Ph.G. He has practiced since graduation at his present location. He is still in active general practice. He is alderman and a member of the board of public works of Watertown, Wis. He is married and has had four children, three of whom are living.

'79. **Theodore Parker Crosse**, Sun Prairie, Wis., entered Rush in 1877. He was prepared at high school and Wisconsin State University. He is still in active general practice. He is a member of the state and county medical societies. He has practiced since graduation at his present address. He is married and has had three children, two of whom are living. A cousin of his, George Swain, was a graduate of Rush in the early '70's.

'79. **George C. Stockman** entered Rush in 1876, after receiving B.S. at State University of Wisconsin in same year. He is still in active general practice. Practiced in Fort Atkinson, Wis., seven years and then took a course in Europe. After returning from abroad in 1888 located at Mason City, Iowa. He is a member of Austin Flint Medical Society, Cerro Gordo County Society, State Medical Society of Iowa, A. M. A., and A. A. Railway Surgeons. He is married and has one daughter. He was a student of Dr. Henry M. Lyman when in Rush.

'79. **James Plaster English**, Terre Haute, Ind., entered Rush in 1877. He has practiced since graduation at Nevins, Ill., for fifteen years and since then at his present location. He is still in active general practice. He was president of U. S. Board of Examining Surgeons at Paris, Ill., from 1888 to 1892, and at Terre Haute, Ind., from 1898 to 1902. He is now a member of the Union Hospital staff. He is a member of the Esculapian Society of the Wabash Valley and Vigo County Medical Society; also the Indiana State Medical Society and A. M. A. He was president of the board of education of Terre Haute, Ind., from 1901 to 1904. He is a Republican and a member of the Methodist Church. He is married and has had four children, all of whom are living.

'79. **S. L. Kilmer**, South Bend, Ind., entered Rush in 1877. He was educated in the country schools and at the Normal School at Goshen, Ind., and the Northwestern Business College at Madison, Wis. He later taught in the country and village schools, and then in the Bryant and Stratton Business College of Philadelphia, Pa., and the Nelson Business College of Cincinnati, Ohio. He is still in active general practice. He is on the staff of Epworth Hospital and surgeon of the Lake Shore Railroad Company. He did postgraduate work in New York in 1889. He is a member of the Mississippi Valley Medical Association and a frequent contributor to the columns of various medical journals. He is the author of Kilmer's Physicians' Pocket Account Book. The doctor is a member of the Indiana Club, a social organization. He is an attendant of the Presbyterian church. In politics he is a Republican. He is married and has one child, a daughter.

'79. **Charles D. Camp**, Chicago, Ill., entered Rush in 1878. He was prepared at the academy, West Williamsfield, Ohio; also the St. Louis Medical College and the Bellevue Hospital Medical College, New York. He is still in active practice. He has practiced since graduation at Rockville, Ind., and since then at his present location. He makes a specialty of the diseases of the lungs, stomach and digestive organs. He was formerly dean and

president of Harvey Medical College, 1890 to 1894. At present has chair of professor of medicine (regular) in National Medical University of Chicago. He served over three years in the Civil War. He served in the ranks as musician, private, corporal, sergeant and acting hospital steward, as well as telegraph operator. He served in 1898 and 1899 in the War with Spain. He held the rank of major and surgeon U. S. volunteers, and acting assistant surgeon U. S. Army, Regulars. He served most of the time in Porto Rico. He is a Mason, Knight Templar. He is a member of the G. A. R., of the Society of the Veterans of the Spanish-American War. He is a member of the Universalist Church. He is married and has had two children, one of whom is living.

'80. **H. A. Eidson**, Willow Hill, Ill., entered Rush in 1878. He is still in active general practice. He is a member of the Jasper County and Illinois State medical societies and the Esculapian Society of the Wabash Valley. He has been U. S. Pension Examiner for eight or ten years. He is married and has had seven children, three of who are living.

'80. **Charles Douglas Wright**, Springfield, Ill., entered Rush in 1878. He is still in active general practice. He was prepared at Illinois College, Jacksonville, Ill. He has practiced since graduation at Chatham, Ill., Harvard, Ill., Rochester, Ill., and at his present location. He is a member of the Sangamon County and Illinois medical societies and the A. M. A. He is married and has had two children, both of whom are living. One son is a practicing physician at Rochester, Ill.

'80. **Herbert D. Hill**, Westfield, Wis., entered Rush in 1878. He was prepared at Platteville, Wis., State Normal School. He gave up active practice about one year ago in order to take a long rest, but he expects to take it up again very soon. He has practiced since graduation at Pingree Grove, Kane County, Ill., Algonquin, McHenry County, Ill., and since November, 1881, at his present location. For seven years he was on the U. S. Pension Board of Medical Examiners. He was health officer of his town and village for eighteen years. He is a registered pharmacist of Wisconsin. He is a Mason. He is married and has no children.

'80. **Albert Laurance Farr**, Chicago, Ill., entered Rush in 1879. He was prepared in the public school, Kenosha, Wis., Lake Forest Academy and Chicago Medical School. He retired from active practice in 1900. He has practiced since graduation at Kansas City, Mo., in 1881 and since then at his present location. He is a member of the Kilwinning Lodge, A. F. & A. M., No. 311, Lincoln Park Chapter, No. 177, R. A. M., St. Bernard Commandery, No. 35, K. T. He is a member of the Episcopal Church. He is a member of the American Gas Institute, U. S. A. He has been connected with the engineering department of the People's Gas Light and Coke Co., Chicago, since he retired from active practice. He is married and has two children, both of whom are living.

'81. **James V. Cornish**, Quincy, Ill., entered Rush in 1876-77. He is still in active practice. He has practiced since graduation in Omaha, Neb., Wall Lake, Iowa, Missouri, and since then at his present location. He makes a specialty of chronic and nervous diseases. He is married and has had one child.

'82. **Andrew R. Amos**, Des Moines, Iowa, entered Rush in 1880. He was prepared at Eureka and Omro, Wis. He is still in active practice. He is practicing the specialty of eye, ear and throat. He has practiced since

graduation at Rhodes, Iowa, Charles City and his present location. He has done postgraduate work in New York Polyclinic (general), Berlin, Vienna and London, 1889 to 1891 (eye and ear), and Johns Hopkins, 1892 (pathology). He is a member of the Polk County, Des Moines Pathological, American Academy of Ophthalmology and Otology and the A. M. A. He is married and has no children.

'82. **Frank Cary**, Chicago, Ill., entered Rush in 1880. He was prepared at Cornell University. He is still in active practice. He is practicing the specialty of obstetrics. He has practiced since graduation at Wisconsin State Insane Asylum and Winnebago, Wis., and at his present location. He has done postgraduate work in New York and Europe. He was pathologist to the Woman's Medical College, Chicago. He is obstetrician to St. Luke's Hospital and Michael Reese Hospital, Chicago, Ill. He is a member of the Chicago Medical Society and the A. M. A. He is a member of the Chicago Club, Quadrangle Club and the Chicago Athletic Association. He is married and has three children. His father, A. B. Cary, graduated from Rush in 1856.

The Bulletin

OF THE ALUMNI OF RUSH MEDICAL COLLEGE

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B. M. LINNELL, Editor	- - - -	100 State Street, CHICAGO, ILL.
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The following classes are scheduled for a reunion next June; some others are planning also for reunions and there will be many from all the other classes, '53, '58, '63, '68, '73, '78, '83, '88, '93, '98 and '03. In charge of Dr. H. H. Kleinpell, Rush Medical College.

The **RIVERSIDE SANITARIUM** *of MILWAUKEE, WIS.*



For the Care and Treatment of Mild Mental and Nervous Diseases.

A perfectly Modern and Elegantly Appointed Institution for the Treatment of Nervous Maladies. Modern Buildings; Ideal Location. Fully equipped with all Hydropathic and Electrical Apparatus. Perfect Segregation. Meets every professional requirement.

FRANK C. STUDLEY, M.D., Supt., Menlo Park, MILWAUKEE, WIS.

QUARTERLY COMMENCEMENT, SPRING QUARTER.

The regular Spring Quarter Commencement Exercises were held in the Upper Amphitheater, Rush Medical College, Thursday, March 19, 1908, at 4 p. m. The degrees were conferred by Dean Dodson. Professor Arthur Dean Bevan delivered the address on "Medical Education."

The following men received the degree of *Medicina Doctor*:

Guy Luvergne Bliss,	Frederick Joseph Lesemann.
Harry Bennett Felts,	Porter Hodge Linthicum.
Potenciano C. Guazon,	Asher Reid McMahon.
Charles Benjamin Hare.	Bernard Joseph O'Neill, Jr.
David Alfred Horovitz.	Herbert Edward Wheeler.

THE FELLOWSHIP FUND.

The Fellowship Fund for 1907-8 is complete. Dr. Weaver during the past month has sent out for the funds from those who have pledged for the year 1908-9. Those who contribute a dollar or more to this fund will be considered paid members of the Alumni Association. The names will be checked over before the next *Bulletin* is sent out, which will be about May 15.

Dr. Weaver announces that about 300 already have responded and sent in their money. This will make a gratifying report at the annual meeting. It looks as if we may be able to report the money in hand for the next year's work.

A HYPERNEPHROMA OF THE RIGHT KIDNEY.

A. D. BEVAN, M.D.

Clinic held March 23, 1908.

This patient, Mr. A. B., consulted me some six months ago about a varicocele on the right side which had developed somewhat acutely. The acute development of a varicocele on the right side is not infrequently associated with kidney tumors, being secondary to pressure either on the vena cava or the spermatic vein. In making an examination of the kidney region I could palpate a tumor. The diagnosis would rest in a case of this character between a lesion of the gall bladder, colon and kidney. As any lesion of the gall bladder and colon could be excluded because of the symptoms, a diagnosis of a tumor of the kidney was made.

We have come to recognize the hypernephromas as the most common type of kidney tumor in the adult, the majority of these tumors developing rather late in life. The teratoid tumors, which are especially malignant, occur in the kidney in infancy and childhood, but are not found in later life.

Hypernephromas present a number of interesting points. They develop from rests of adrenal tissue, which are displaced during fetal life, and offer one of a most striking confirmation of Cohnheim's theory concerning the development of tumors.

It has been claimed by some investigators that displaced adrenal rests are found in 50 per cent. of the cases coming to autopsy. Hypernephromas are not limited to the kidney. They have been found within the liver and attached to its under surface and have also been found along the spermatic cord.

Apparently these tumors may remain of an adenomatous type for some time, attaining a considerable size before they become malignant. In other cases, however, a small tumor, which may have given rise to no distinct renal symptoms may be associated with diffuse metastases.

Hypernephromas frequently form metastatic growths in bone. Carcinomas of the thyroid gland, breast and prostate share with hypernephromas this peculiar tendency to form metastatic growths in bone. Numerous instances might be cited of tumors of bone being operated on, which, on close examination, proved to be hypernephromas, the primary tumor in the kidney being so small that it had given rise to no symptoms and caused no enlargement of the kidney.

It is difficult to explain why carcinomas of the four organs above mentioned form bone metastases so frequently. Metastatic growths in the vertebra, secondary to carcinoma of the breast, can be satisfactorily explained. In this case the carcinoma cells probably pass in the lymphatics of the internal intercostal muscles to be eventu-

ally deposited in the vertebra. It is impossible to explain the peculiar tendency to the formation of secondary deposits in bone associated with carcinomas of the other three organs.

Another peculiarity of the hypernephroma is its tendency to invade the renal vein early. The tumor may grow directly into the vein, eventually involving and occluding the vena cava. If this happens, widespread metastases may develop. Extensive involvement of the veins may render a radical operation impossible. Walker, of Baltimore, has recently suggested that in elevating the kidney to ligate the pedicle in these cases tumor emboli might be forced into the circulation. He has advised a preliminary transperitoneal ligation of the pedicle and then removal of the diseased kidney by the lumbar route.

The patient is now anesthetized and an attempt will be made to remove the kidney. An oblique incision is employed for kidney work, extending from the twelfth rib downward and forward in front of the anterior superior spine.

After exposing the large tumor it was found to extend over the inferior vena cava and to involve the renal vein. The tumor is so fixed that removal is impossible. The hemorrhage which followed laceration of some of the veins is quite profuse, but is readily controlled by packing with iodoform gauze. No section was removed for examination, as the macroscopic findings are sufficiently characteristic of hypernephroma. The wound was closed with catgut sutures through the muscle and through-and-through silkworm gut sutures.

The prognosis is not very good in most of these cases. The tumor, even when removed early, tends to recur. Clairmont has reported a case in which the tumor recurred in the bronchial lymphnodes eleven years after removal.

X-ray treatment will be advised in this case. It has a beneficial effect on the mind of the patient and, besides, in some of the cases there has been a considerable reduction in the size of the tumor after x-ray exposures.

GASTROSTOMY FOR CARCINOMA OF THE ESOPHAGUS.

This patient, Mr. H. Q., is about 52 years of age. He was referred to me by Drs. Freer and Sippy. During the past few months some difficulty in swallowing has gradually developed and the patient has become hoarse. The obstruction to the esophagus has become so marked that even fluids are swallowed with difficulty. An examination made by Dr. Sippy with the esophagoscope revealed a carcinoma of the esophagus situated opposite the larynx. Two glands, one on each side of the neck, are apparently involved. Dr. Sippy has succeeded in passing a small instrument through the stricture.

The general condition of the patient is very satisfactory, and it seems best to perform a gastrostomy, while he is in good condition, so that he can be fed in this way and be rid of the irritation of swallowing. These operations should be performed early, before the patient loses too much strength. The object will be to make an oblique canal leading into the stomach, which will prevent leakage of the gastric juice.

A number of different gastrostomies,* such as the Frank, Senn, Kader, Mawedel and Witzel have been introduced.

I prefer the last mentioned, as the operation is simple and the canal which is formed prevents the leakage of gastric juice.

An attempt will be made to perform this operation under laughing-gas anesthesia. Sometimes, however, the stomach is so contracted that it is impossible to withdraw it when the abdominal muscles are rigid and the anesthesia must be continued with ether.

An incision is made through the left rectus muscle above the umbilicus. The stomach is exposed and found to be markedly contracted so that anesthesia is continued with drop ether.

When the patient is fully relaxed the stomach is delivered and a small puncture is made in it. A No. 12 rubber catheter is introduced. The opening is then closed by a purse-string suture of catgut, the suture being then passed through the catheter to fix it in position, the stomach wall is then sutured over the catheter for a distance of about two inches, an oblique canal with a valve-like action being formed in this way.

The stomach is now attached to the parietal peritoneum by a catgut suture. The peritoneum is now closed by a fine continuous catgut suture. Interrupted silkworm sutures are passed through the skin and anterior sheath of the rectus and then the sheath is carefully approximated with catgut.

NEPHRECTOMY FOR TUBERCULOSIS OF RIGHT KIDNEY.

The little patient, Emma E., was referred to me by Dr. Merrill. She is 12 years of age. She has had a number of undoubted attacks of renal colic referred to the right side. Blood and pus have been found in the urine, and tubercle bacilli have been satisfactorily demonstrated. A cystoscopic examination revealed some redness about the right ureteral orifice. The diagnosis of tuberculosis of the right kidney, probably of hematogenous origin, is made. I have agreed to perform an exploratory operation, and, if the conditions warrant such a procedure, to remove the kidney.

An oblique lumbar incision is made, as this affords the best approach to the kidney. The right kidney is enlarged. There is but a small amount of secreting substance left, and the tuberculous character of the lesion warrants a nephrectomy. The pedicle is freed for some distance and clamped low down. The kidney is

then removed and the pedicle ligated proximal to the clamps. A cigarette drain and some iodoform gauze are then carried down to the pedicle. The muscles are closed with catgut, reinforced with through-and-through sutures of silkworm gut. The edges of the skin are carefully approximated with horse-hair. When the kidney is bisected it is found that the organ contains numerous tuberculous abscesses and that miliary tubercles are scattered throughout the parenchyma.

COLLEGE NOTES.

W. G. Sachse, '08, has secured an internship at the Henrotin Memorial Hospital. He takes the place of A. B. MacNab, '07, who will go to Beach, N. D., and enter practice with B. Museus, '06.

A. S. Granger, of the junior class, has withdrawn from college temporarily because of ill health, and will return to his home in Los Angeles, Cal., until the fall quarter.

C. B. Hare, a graduate last quarter, is physician at the Bridewell.

Professor Barbour, of the gynecology department of the University of Edinburgh, addressed Dr. Webster's clinic April 11.

Twenty-two Rush men took the competitive examination for Cook County Hospital. Eighty-eight men in all competed. The results are as follows:

- | | |
|--------------------|----------------------|
| 1. Grace L. Meigs. | 18. P. and S. |
| 2. N. W. | 19. N. W. |
| 3. G. D. Scott. | 20. R. M. Carter. |
| 4. F. B. Riley. | 21. P. and S. |
| 5. B. J. O'Neill. | 22. W. W. Dicker. |
| 6. J. E. Tyree. | 23. D. S. Horovitaz. |
| 7. G. T. Johnson. | 24. P. and S. |
| 8. N. W. | 25. L. B. Rowe. |
| 9. N. W. | 26. N. W. |
| 10. N. W. | 27. N. W. |
| 11. N. W. | 28. N. W. |
| 12. N. W. | 29. N. W. |
| 13. W. C. Nichols. | 30. M. Karasek. |
| 14. A. R. McMahon. | 31. F. A. Olson. |
| 15. N. W. | 32. N. W. |
| 16. P. and S. | 33. W. C. Speidel. |
| 17. P. and S. | 34. N. H. Bullock. |

The Rush students are given by name.

Note.—We have first place taken by Miss Meigs, who is at present an interne in the Presbyterian Hospital. Rush is proud to be so ably represented by one of its women graduates.

Two of the Northwestern are to drop out, so Rush men Nos. 33 and 34 will get places. We have first place and the largest number. This is good considering that we sent only twenty-two to this examination.

ALUMNI NOTES.

John D. Manchester, class of 1899, has received an appointment as Passed Assistant Surgeon, U. S. Navy. He is the only medical officer aboard the U. S. *Panther*, one of the fleet which is making the trip around the world. His permanent address is care of the Navy Department, Washington, D. C.

THE DOCTORAGE, GOVERNMENT ROAD, HOLUALOA, NORTH KOHA, HAWAII, T. H., Jan. 15, 1908.—*Dear Doctor Martin:*—I suppose you have learned of the death of our dear friend, Dr. Crane. He died on the 13th of December last. It has saddened my life, and brought me back to the days when we were students at Rush. One by one, they are dropping off, and each year the ratio increases. Senn gone too. Ten professors since I entered college in 1889.

The death list of our class, as I have it, is as follows: Barr, Blocks, Brown, Bishop, Crane, Cory, Dostal, Eckhart, Enos, Galloway, Kelso, Larkin, O'Malley, Pierce, Quinn, Trux, Warder.

Many in the classes of '91 and '93 are dead. Meengs, among them. If you know of any others, I wish you would let me know. It is my intention to issue a little memorial of our class, if I can secure the necessary data. We ought to organize, bring together what remains, with the same officers we had. Meet when we can, or at least exchange one letter a year.

We are all growing old, and the only values in life are those of the heart; I hold no ill will towards any one. I have a forthcoming book dedicated to The Boys of '92. Tell me all about yourself, your work, etc., and any information that would be of interest in a bulletin.

With best wishes for your success, I am, your classmate,

E. S. GOODHUE.

Dr. Goodhue was the founder of the *Corpuscle* and its first editor. We would like to see him in June and see if he is "growing old." That book about "The Boys of '02" will certainly be worth reading.

Will *The Bulletin* kindly say that it would give me pleasure to meet any members of the Class of 1858 who can possibly attend a reunion in commencement week, 1908?

If you will give me the address of those you have a record of I will address them individually in an effort to get them together at this half-century anniversary.

C. N. ELLINWOOD.

San Francisco, Cal.

The following letter has been sent out to the high school principals of the West:

A COMMUNICATION TO PRINCIPALS OF HIGH SCHOOLS, ACADEMIES AND SEMINARIES.

The undersigned committee is seeking to disseminate, as widely as possible, among those who are contemplating the study of medicine, information as to the existing conditions in the medical profession, and the im-

perative necessity for a thorough preparation for medical study. A high school course, all that has been demanded heretofore by most medical schools, is to-day wholly inadequate. Every young man expecting to enter a medical school should, if possible, complete the course leading to the bachelor's degree in a first-class college or university. Two years of such college work is the very minimum that should be taken, and a large number of medical schools are soon to exact this amount of study as a prerequisite for admission.

It is the earnest conviction of many of those who are engaged in medical education that the facts should be brought as promptly and emphatically as possible to the attention of all young men who intend to take up the study of medicine. No persons are more likely to come into contact with these prospective medical students, to learn of their purpose, or to be in better position to advise them wisely, than are the principals and other teachers to whom this communication is addressed. If through your counsel such a student can be informed that before taking up the study of medicine he should, if possible, complete, in a high-grade college or university, the course leading to the bachelor's degree, and that under no circumstances should he think of entering a medical college without at least two years of such work, you will be rendering an important service in behalf of the medical profession, of the general public, and, above all, in the interests of the young man himself, whose future prosperity and happiness you may help to secure by preventing him from a disastrous blunder.

A more detailed statement of the necessity for such preparation and the branches which it should include is contained in a circular issued by this committee a year ago. We are anxious to place a copy of this circular in the hands of every prospective medical student before he has completed his high school course. Possibly you received a copy of this circular last year. If not, one will be sent you. The committee will esteem it a great favor if you will return, on the enclosed postal card, the names of any students whom you know, who contemplate the study of medicine. Yours very truly,

J. W. PETTIT, Ottawa, Ill.

T. C. CLARK, Stillwater, Minn.

A. L. CRAIG, Chicago, Ill.

Committee on Alumni Relations, Rush Medical College.

PROGRAM FOR COMMENCEMENT WEEK.

MONDAY, JUNE 1, 1908.—8:15 p. m.: Annual Theater Party of the Graduating Class and Alumni of Rush Medical College.

TUESDAY, JUNE 2, 1908.—Meetings of the American Medical Association. 6 p. m.: Annual reunions of the classes at dinner at the Sherman House (Dutch Room and College Inn) and near-by restaurants. Dinners a-la-carte. Tables can be arranged for for those who wish to dine at the class reunions or down town that evening; write for reservations at tables to Dr. H. H. Kleinpell, Rush Medical College. 8 p. m.: Annual Business Meeting and Smoker of Alumni Association of Rush Medical College; business meeting, reports, music by Rush Quartet, luncheon, cigars, paper by our Fellow, Dr. Davis, discussion, speeches by Alumni and members of the Faculty and a good time generally. Tickets, to cover expenses, \$1.00 at the door.

WEDNESDAY, JUNE 3, 1908.—Meetings of the American Medical Association.

THURSDAY, JUNE 4, 1908.—Meetings of the American Medical Association.

FRIDAY, JUNE 5, 1908.—Meetings of the American Medical Association. 6 p. m.: Graduating Exercises of Rush Medical School, Mandel Hall, University of Chicago; commencement address by Dr. Frank W. Gunsaulus. 8 p. m.: Annual Dinner to the Graduating Class and Alumni, The Commons, University of Chicago.

This program, it will be noted, does *not* include any *clinics* at Rush Medical College during the meetings of the American Medical Association. All clinics will be abandoned during that time in order not to detract from the meetings of the Association. The headquarters for the Alumni will be with the Alumni of other institutions at the Auditorium Hotel. There will also be special arrangements at the College for the Alumni to see the College and the hospital. Definite announcements will be made in the May number of THE BULLETIN, which we will endeavor to publish early in May.

PAID MEMBERS OF THE ALUMNI ASSOCIATION.

Our appeal last month for new members brought in 68 new paid members. This brings the total, on going to press, to 698, practically 700 members. However, this month 110 memberships will expire, so it will leave us at the end of the month practically with only 590 members. We need now 410 new memberships (paid) to complete the 1,000 that we are after. **WE MUST HAVE THIS THOUSAND.** *If you get an extra slip with this BULLETIN your paid membership has expired.* Please send your dollar at once to Dr. David Fiske, 100 State St.

Fifty-three classes have representatives in the paid membership list. By reference to the table you will see that the class of '00 has the largest number, with 38 paid members. The lowest are the four classes who have one each, but these classes have only one or two Alumni living. The class of '52 has only two Alumni living, so that the membership is 50 per cent. The class of '82 has a splendid record, it being the largest in membership back of '96.

The very recent classes, of course, have hardly had time to get settled. We will hear from them later.

No class later than '82 ought to have less members than that class.

Your dues have been paid for the year if you do not get the extra slip with THE BULLETIN.

Number of paid members arranged by classes.

'52..... 1	'76..... 8	'96..... 27
'53..... 1	'77..... 17	'97..... 32
'54..... 1	'78..... 11	'98..... 13
'56..... 1	'79..... 13	'99..... 23
'58..... 2	'80..... 19	'00..... 38
'60..... 2	'81..... 22	'01..... 21
'61..... 1	'82..... 24	'02..... 34
'62..... 5	'83..... 21	'03..... 36
'63..... 4	'84..... 13	'04..... 17
'64..... 6	'85..... 14	'05..... 5
'65..... 1	'86..... 14	'06..... 6
'66..... 6	'87..... 16	'07..... 12
'67..... 4	'88..... 17	—
'68..... 8	'89..... 12	685
'69..... 9	'90..... 17	*5
'70..... 10	'91..... 20	—
'71..... 4	'92..... 21	690
'72..... 4	'93..... 21	
'73..... 6	'94..... 18	
'74..... 4	'95..... 23	
'75..... 9		

(This includes all who have contributed \$1.00 or more to the Fellowship Fund for 1907-8.)

* Miscellaneous, honorary, etc.

BIOGRAPHICAL SKETCHES.

'69. **Sylvester S. Smith**, Emporium, Pa., entered Rush in 1866. He is still in active general practice. He has practiced since graduation at Driftwood, from 1869 to 1889, and since then at his present location. He has done postgraduate work at Medico-Chirurgical College, Philadelphia. He is a member of the Elk County and the Pennsylvania State medical societies. He was the representative of the district in which Elk County is located in the state legislature for four years. He is married, but has no children. His cousin, Dr. R. L. Leonard, graduated from Rush in 1872.

'69. **W. H. Wirt**, Loudonville, Ohio, entered Rush in 1867. He was prepared at the Presbyterian Seminary, Mendota, Ill., and Hillsdale College. He is still in active general practice. He has practiced since graduation at Dundee, 1869 to 1870, Loudonville, Ohio, 1870 to 1884, city of Columbus, Ohio, 1884 to 1896, and since then at his present location. He is a member of Ashland County Medical Society, of which he is now president; he is also a member of the State Medical Society and the A. M. A. He is a member of the board of health of Loudonville, having served nine consecutive years. He has served as a member of the board of education in the city of Columbus, Ohio, for two terms. He also served as member of the board of education in Loudonville, Ohio, for sixteen years and served as president and clerk of the board. He is a Republican. He has received

the nomination as member of the state legislature by the Republicans of the city of Columbus and county of Franklin. He is married and has had two children, one of whom is living, William Gunn Wirt, who is practicing dentistry. The other son died in infancy and was named Rush D. Wirt.

'70. **T. A. Holman**, Rice, Ill., entered Rush in 1868. He is still in active general practice. He practiced at Du Bois, Ill., from 1884 to 1888. He is a member of the Perry County Medical Society. He is married and has had four children, all of whom are living.

'70. **Marcus M. Hale**, Wabash, Ind., entered Rush in 1868. He was prepared at the Wabash High School. He is still in active general practice. He has practiced since graduation in La Groo, Ind., from 1871 to 1886, and since then at his present location. He is a member of the Wabash County and Indiana State medical societies and the A. M. A. He is married and has four children. A brother, N. T. Hale, was graduated at Rush in 1886.

'70. **Hamilton Price Duffield**, Marshalltown, Iowa, entered Rush in 1868. He was prepared at Todd's Seminary for Boys and Girls, Cherry Grove Seminary and Hedding College, Abingdon, Ill. He is still in active practice. He is chief surgeon of the Iowa Soldiers' and Sailors' Home, consequently most of his work is among chronics. He did postgraduate work in Rush in the early '80's, principally in surgery. He has practiced since graduation at Berwick, Ill., Shenandoah, Iowa, and his present location. He is a member of the Marshall County (just finished two years as president), Iowa State and Missouri Valley medical societies and the A. M. A. He is a charter member of the Missouri Valley Society and one of its organizers. He was assistant surgeon of the Fifth Regiment Iowa National Guard for about three years. He was then major surgeon of the Fifth Iowa until consolidation and then the Third Regiment; in all, about twelve years in the guard. He served in the One Hundred and Thirty-seventh Illinois Volunteer Infantry in 1864 as corporal in Company G. He was postmaster under President Arthur and resigned when Cleveland was elected. He is a member of the M. E. Church. He is a member of the Masonic fraternity, K. of P., and G. A. R. He has been Master, High Priest and Commander. He is married and has had three children, one of whom is living.

'71. **Melchert H. Garten**, Lincoln, Neb., entered Rush in 1869. He was prepared at Thorntown Academy, degree of B.S. He is still in active practice and makes a specialty of eye, ear, nose and throat. He practiced at Dover, Ill., from 1871 to 1873. He has taken postgraduate work at New York Polyclinic from 1889 to 1891 and in 1898. He is a member of the Lancaster County and Nebraska State medical societies and the A. M. A. He is married and has one child, a daughter.

'71. **J. L. Hays**, Howard, Kan., entered Rush in 1868. He now does very little active practice. Between 1874 and 1880 he attended clinics on several occasions at Chicago, Cincinnati and St. Louis. This was before regular postgraduate work was inaugurated. He is a member of the Elk County, Southwest and the Kansas medical societies. From 1857 to 1861 he taught school. He then enlisted as private in Company I, Sixty-sixth Illinois Infantry. He was in the battles of Ft. Donnellson, Pittsburg Landing, Corinth, Atlanta campaign and marched with Sherman to the sea. He was promoted to second lieutenant, first lieutenant and captain Company I, Sixty-sixth Illinois Volunteer Infantry. He is now commander of E. A. Stanton Post, G. A. R., at Howard, Kan. He is an elder in the Christian Church. He is married and has had five children, all of whom are living. One of his sons is practicing dentistry in Severy, Kan.

'71. **George W. Brandon**, Milford, Neb., entered Rush in 1869. He was prepared at Rock River Seminary. He took courses from 1867 to 1869 in Chicago Medical College and Ann Arbor. He retired from active practice in 1906. He has practiced since graduation in Soublette, Ill., and his present location. He belongs to the Nebraska State and Seward County medical societies. He was physician to the State Girls' Home at Milford for seven years. He was physician and surgeon to the Soldiers and Sailors' Home for four years. He was president of Seward County U. S. Pension Board for eleven years. He was coroner for five years. He is a member of the M. E. Church. He has traveled all over the United States from Battle Ford, Canada, to Florida, Texas, Mexico, Pacific Coast, Rocky Mountains, from Yellowstone Park to Mexico. He is married and has one son. His second cousin, Harry J. Wertman, graduated from Rush in 1904.

'72. **William Franklin Hilsabeck**, Windsor, Ill., entered Rush in 1871. He was prepared at the high school in Shelbyville and at Mt. Zion, Ill., and the State Normal School, Potsdam, N. Y. He is still in active practice. He has practiced since graduation at his present location. He took postgraduate work in 1877 at the Missouri Medical College, in 1891 at the Post-Graduate and Polyclinic, New York. He is a member of the Æsculapian District, Shelby County, Tri-State and Illinois State medical societies and the A. M. A. He is a member of the M. E. Church and a member of the Masonic lodge. He is married and has had three children, all of whom are living.

'73. **Edward B. Weston**, Chicago, Ill., entered Rush in 1872. He was prepared at Bowdoin College, Brunswick, Maine. He is not in active practice. He retired about eight years ago on account of a street-car accident. He has practiced since graduation at Lewiston, Maine, Highland Park, Ill., and his present location. He has received the degrees of A.B. and A.M. (Bowdoin). He was a lecturer on obstetrics in Rush in 1890. He is now a member of the Chicago Gynecological Society. He is president of the National Archery Association of the United States. He is married and has had six children, two of whom are living.

'74. **A. Leign**, Hiawatha, Kan., entered Rush in 1873. He was prepared at Keokuk, Iowa, and Highland University, Highland, Kan. He received the degree of A. M. He is still in active practice and is doing a specialty of the eye, ear, throat, nose and surgical diseases. He is a member of the Kansas State and Brown County medical societies. He is ex-vice-president of the Kansas Medical Society and president of the Brown County Medical Society. He was a member of the Royal Microscopical Society, London, England. He is married and has had four children, two of whom are living.

'74. **Frank H. Lord**, Plano, Ill., entered Rush in 1872. He was prepared at Sandwich, Ill. He is still in active general practice. He has practiced since graduation at his present location. He is a member of the Kendall County and Illinois medical societies and the A. M. A. He is city health officer. He was county coroner for eight years and was on the board of education for twenty-five years. He is married and has had three children, all of whom are living. One of his sons, Arthur E. Lord, '08, is attending Rush now.

'74. **George W. Chapman**, Chicago, Ill., entered Rush in 1873. He was prepared at Michigan University. He has practiced since graduation in Hudson, Mich., and his present location. He is still in active general practice. He was health officer of the town of Hyde Park in 1880 to 1881. He is local surgeon for the Illinois Central Railroad. He is a member of

the American Association of Railway Surgeons. He is a member of the Royal League, Grand Crossing Council, 1852, A. F. A. M., Grand Crossing Lodge, 776. He is married and has had one child, who died in 1882.

'74. **K. F. Purdy**, Houston, Texas, entered Rush in 1872. He is practicing a specialty of drug addictions. He has practiced since graduation at Elkaden, Iowa, Wichita, Kan., and his present location. He did post-graduate work in Chicago in 1891. He was professor of surgery in Wichita Medical College. He is a member of the Masonic fraternity, B. L. Chapter, K. T., Odd Fellow, K. of P. and several beneficiary orders. He is married and has two children. His brother, Ed Purdy, attended Rush for one course in 1892.

'75. **Samuel S. Weidmer**, Fairbury, Neb., entered Rush in 1874. He was prepared at Clarinda, Iowa, high school. He received a certificate for course lecture in Rush Medical College in 1880. He did postgraduate work in 1891 in the Post-Graduate Medical School and Hospital of Chicago in Gynecology, Eye, Ear, Nose and Throat Diseases. He is doing a general practice, as well as the specialty of eye, ear, nose and throat. He is a member of the State Medical Society of Nebraska, also the Missouri Valley Medical Society. He was president of the U. S. Pension Board for six years. He was coroner for six years. He is a member of the Commercial Club. He is a member of the Presbyterian Church. He is married, but has no children.

'75. **Franklin Reyner**, Epworth, Iowa, entered Rush in 1873. He was prepared at Maquoketa Academy, Maquoketa, Iowa. He is still in active general practice. He took private courses under Professor Holmes, 1875, in Illinois Charitable Eye and Ear Infirmary. He also took private courses under Professor Ross. He is a member of the Dubuque Medical Society and the American Association of Railway Surgeons. He served as health physician in the town of Epworth, Iowa, for twenty-five years. He is a Master Mason and a Past Master. He is a Republican in politics. He enlisted as private soldier in 1861 in Company A, Ninth Iowa Volunteer Infantry, and was honorably discharged. He is a member of the Hyde Clark Post, No. 78, Dubuque, Iowa, G. A. R. He is a member of the M. E. Church. He is married, has two children, both of whom are living.

'75. **John Drake Mandeville**, Champaign, Ill., entered Rush in 1867. He is still in active practice. He practiced from February, 1868, until May, 1900, in Philo, Ill., and in the meantime took his degree at Rush in 1875. He has done postgraduate work at Rush and at the Post-Graduate School, New York City and at the Polyclinic in Chicago. He has been president of the Æsculapean Society of the Wabash Valley. This, he says, is the oldest medical society west of the Allegheny Mountains. He has also been president of Champaign County Medical Society. He served as a private in the Civil War in the Sixty-seventh and also in the One Hundred and Thirty-third Regiments, Illinois Infantry. He has been an elder in the Presbyterian Church for over twenty years. He is married and has four children, all daughters and living. A cousin, W. W. Mandeville, attended Rush in 1874 and 1875.

'75. **Samuel H. Bell**, Bridgewater, Va., entered Rush in 1873. He was prepared at "Mossy Creek Academy." He is still in active general practice. He has practiced since graduation at Dunmore, Va., for one year after graduating and since then at his present location. He is a member of the Medical Society of Virginia. The Bells are Scotch-Irish and of the Covenanters stock, and were the first people to settle in the valley of Virginia. Hon. J. Waddell's history of Augusta County, Va., gives it that this Bell family furnished a greater number of soldiers for the Confederate

army than any family in the South. There were eighteen in all, brothers and cousins. Nine were killed or died of wounds, eight of the remaining nine were wounded and two died of their wounds after the war. "I had to surrender at Appomattox on the 9th of April, 1865, because General Grant's method of attention went on until our army was worn down to a mere frazzle or shadow of what it was once, and General Lee thought best to surrender and save the few that was left." He is a member of the Presbyterian Church. He is married and has had four children, all of whom are living.

76. William H. Conibear, Morton, Ill., entered Rush in 1868. He was prepared at Eureka College until he received a first grade certificate to teach. He is still in general active practice. He has practiced since graduation at his present location. He is a member of the Peoria City, Tazewell County and State medical societies. He was president of the Tazewell County Medical Society for several years. He has served as president of the village board for several terms. He is a member of the Congregational Church of Morton. He is a member of the Masonic fraternity, also of the G. A. R. He is married and has had thirteen children, nine of whom are living.

76. J. A. Sturgis, Murietta, Cal., entered Rush in 1875. He had previously, in the spring of 1875, been graduated from the Chicago Medical College. He is still in active general practice. He has practiced since graduation at Browning, Mo., San Diego, Cal., Ensenada, Cal., and his present location. He attended the general course and clinic at Rush in the winter of 1892 and 1893. He is a member of the Holiness Church. He is married and has had four children, three of whom are living.

77. Oliver I. Schenick, Chicago, Ill., entered Rush in 1875. He is still in active general practice. From 1880 to 1883 he practiced in Peshtigo, Wis. He is married and has one child, a son.

77. R. W. Cottingham, Bloomer, Wis., entered Rush in 1875. He was prepared at Ripon College, Delton Academy and the Baraboo Collegiate Institute. He is still in active practice. He is practicing the specialty of gynecology and obstetrics. He has practiced since graduation in Reedsburg, Rice Lake and Bloomer, Wis. He is president of the Chippewa County Medical Society; also a member of the State Medical Society and the A. M. A. He was first mayor of Bloomer. He has been a member of the Bloomer School Board for nine years. He is married and has had four children, three of whom are living.

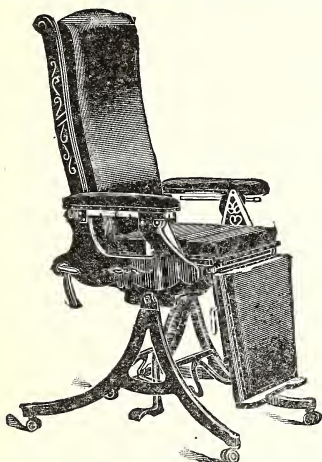
77. Silas Addison Austin, Los Angeles, Cal., entered Rush in 1875. He was prepared at Illinois Soldiers' College, Fulton, Whiteside County, Ill. He received the degree of B.S. He is still in active general practice. He has practiced since graduation in Rockford, Ill., from 1877 to 1887 and since then at his present location. He is a member of the Electro-Therapeutic Medical Society of Los Angeles, the Academy of Medicine, the Los Angeles County and the State medical societies and the A. M. A. He was one of the founders of the Rockford City Hospital. He was a member and past president of Winnebago County Medical Association. He was county physician of Winnebago County, also coroner of same county for one term. He was a private in Company B, Fifty-first Illinois Infantry, from 1861 to 1863, and transferred from this regiment to the First Mississippi Marine Brigade, and served in this from 1863 to 1865—the close of the war. He is married and has had two children, both of whom are living.

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REFERENCES AND FURTHER INFORMATION ON REQUEST.

The Bulletin

OF THE ALUMNI OF RUSH MEDICAL COLLEGE

Published Monthly

Volume IV	MAY, 1908	No. 9
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B. M. LINNELL, Editor	- - - -	100 State Street, CHICAGO, ILL.
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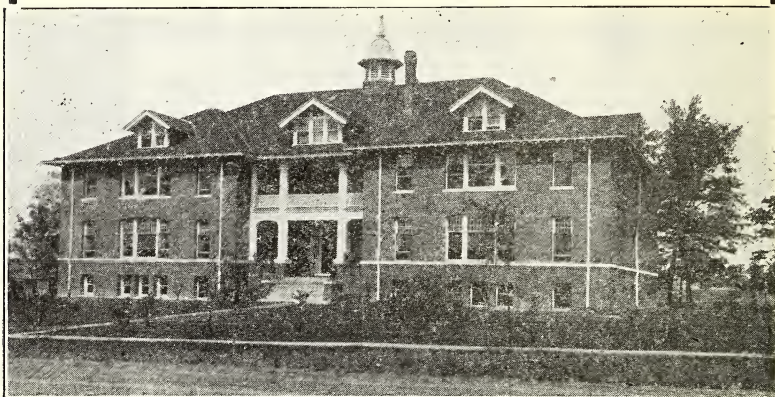
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The number of members (paid) in force today, May 11th, 1908, is 750. Only 250 needed to complete the 1,000. You who get the EXTRA DUE SLIP can complete this by sending your \$1.00 to Dr. Fiske.

1,000 MEMBERS FOR THE ANNUAL MEETING.

The RIVERSIDE SANITARIUM of MILWAUKEE, WIS.



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FRANK C. STUDLEY, M.D., Supt., Menlo Park, MILWAUKEE, WIS.

PROGRAM FOR COMMENCEMENT WEEK.

MAY 31 TO JUNE 5.

SUNDAY, MAY 31, 1908, 3 P. M.—Upper Amphitheater Rush Medical College. Baccalaureate Sermon, Prof. C. R. Henderson, Ph.D., LL.D., University of Chicago. - Music by class Quartet.

MONDAY, JUNE 1, 1908, 8:15 P. M.—La Salle Theater, 137 East Madison Street. "The Honeymoon Trail." Annual Theater Party to Graduating Class and Alumni of Rush Medical College. The play selected is said to be excellent and a large block of seats has been reserved on the main floor, the best seats in the house. These may be obtained in advance by writing to the college. Seats are \$1.00 each.

TUESDAY, JUNE 2, 1908.—Meetings of the American Medical Association begin.

6 P. M.—Annual reunions of the classes at dinner at the Sherman House (Dutch Room and College Inn) and near-by restaurants. Dinners a-la-carte. Places must be arranged for by those who wish to dine at any of the class reunions in advance. Write for reservations to Dr. H. H. Kleinpell, Rush Medical College, who will help you by reserving places at the various class tables.

8 P. M.—Sherman House, corner Randolph and Clark Streets. The large dining room of this hotel has been reserved for the an-

nual business meeting and smoker of the Alumni Association of Rush Medical College. All of the classes holding reunions and the other Alumni will gather together at 8 o'clock for this meeting. First, the business of the association will be gone over, reports of committees and officers and new business, etc. After the business has been completed there will be a luncheon, followed by the reading of a paper by our Fellow, Dr. Davis, and its discussion. After this there will be music by the Rush Quartet, '02; cigars; speeches by the Alumni, members of the faculty, and a good time generally. Tickets to cover expenses, \$1.00 at the door.

WEDNESDAY, JUNE 3, 1908.—Meetings of the American Medical Association.

THURSDAY, JUNE 4, 1908.—Meetings of the American Medical Association.

FRIDAY, JUNE 5, 1908, 10:30 A. M.—Upper Amphitheater Rush Medical College, class-day exercises of the Class of 1908.

Processional.

CLASS DAY EXERCISES.

Invocation.

Vocal Solo—"The Bandolero".....Stuart
MR. ARTHUR E. LORD.

Address
PROF. BERTRAM W. SIPPY.

Violin Solo—"Souvenir de Bade".....Leonard
MR. PORTER H. LINTHICUM.

Class History.

Vocal Solo—"The Sands o' Dee".....Clay
MR. FREDERICK O. FREDERICKSON.

Class Prophecy
MR. WALTER G. DARLING.

Presentation of Class Tablet.....
DAVID N. ROBERG.

Acceptance.

Music—Selected
RUSH COLLEGE QUARTET.

Valedictory
MR. FLOYD RILEY.

Benediction.

Recessional.

6 P. M.—Graduating exercises of Rush Medical College, Mandel Hall, University of Chicago. Commencement address by Dr. Frank W. Gunsaulus, D.D., pastor of the Central Church and principal of Armour Institute.

8 P. M.—Annual dinner to the Graduating Class by the Faculty and Alumni, The Commons, University of Chicago. Rush '02 Quartet will sing. Tickets \$1.50 per plate.

There will be no clinics at Rush Medical College during the meetings of the American Medical Association. The headquarters of the Rush Alumni will be at the Auditorium Hotel with the Alumni of other institutions. There will be some one in attendance to give information about the college and meetings of the American Medical Association. You can send your mail there and meet your friends. There will also be special arrangements at the college for

those who wish to make their headquarters on the West Side. The Alumni of most of the institutions will hold reunions on Tuesday night as we are doing. This will be called Alumni Night.

SATURDAY, JUNE 6, 1908, 9 A. M.—The two weeks of special clinics for the Alumni begin (see schedule published in the March *Bulletin*). Remember to write ahead if you wish any of the special courses during these two weeks. If there is any special work you wish to do perhaps it can be arranged if you write to Dr. Dodson at the college office.

The back page of this *Bulletin* is arranged for the Alumni to fill out and return in case they wish to attend any of the special exercises. The tickets for these exercises will be sent you, held at the college office or taken to the meeting as you may indicate on this slip.

BUSINESS TO BE DISCUSSED AT THE ANNUAL MEETING OF THE ALUMNI ASSOCIATION.

The Fellowship Fund and Appointee.

THE BULLETIN.—Shall we continue its publication? Shall there be twelve numbers instead of ten as this year? Shall it be enlarged? What shall be the character of the matter published; clinics, college notes, alumni notes, biographical sketches, publications of alumni, therapeutic notes. etc.? How shall the business be conducted; advertisements, alumni dues and relation to college, separation of the business from the editorial departments, etc.?

The membership, dues, ways and means of increasing the membership.

The Annual Meeting—Shall it be at dinner as heretofore, or at a smoker as at this time?

COLLEGE AND ALUMNI NOTES.

It is with great regret to many of the Alumni that Dr. J. B. Murphy severs his connection with Rush Medical College. When he leaves us in the fall he will have been one of the professors in surgery for three years, and a part of the time a co-head of the Department of Surgery. His work at Rush has shown him to be a brilliant operator and a great and forceful teacher of surgery. He is to become the head of the Department of Surgery in the Medical College of the Northwestern University (Chicago Medical College). There seems to be a tendency between these two greatest schools of medicine in the west to exchange teachers. We have, notably, Billings and Haines, graduates of Northwestern, and two greater teachers, we believe, can not be found. Dr. Murphy has always been a great help in our alumni association, contributing liberally, especially to the fellowship fund.

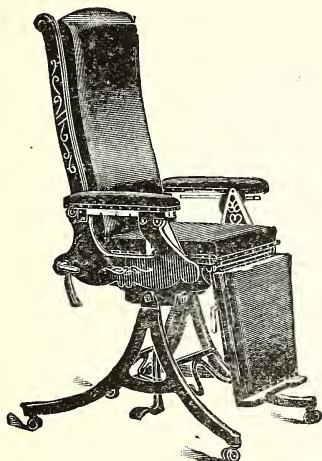
Dr. J. H. Wm. Meyer, '76, our president, is busily engaged as coroner's physician in solving the La Porte murder mystery. We are confident that this will not interfere with his attendance at the annual business meeting of the association.

SPECIAL OFFER

THE "GARLAND"

Combination Physician's Chair and Table

IT affords us great pleasure to present for your consideration our latest model **IRON FRAME CHAIR**. This chair is the culmination of our many years of experience in making and handling physicians' chairs, and embodies all the best features of all other chairs of previous makes. It is operated by the simplest and most effective mechanism.



Price
only \$30.00

We would especially call your attention to the fact that when the "Garland" Chair is in table or horizontal position it is full six feet long, and when it is in normal or sitting position, the seat is only twenty-three inches high and is twenty-one wide between the arms; and that the patient is always seated in the chair, and by the act of reclining the seat is raised until, in a horizontal position, it is twenty-nine inches high and on a level with the top of the arms, making a width over all of thirty-one inches.

DIMENSIONS—Seat in Normal Position is 23 inches; in Table Positions, 29 inches high; length, 6 feet; width between arms, 20½ inches; over arms, 30 inches. Weight, packed for shipment, about 200 pounds.

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1904

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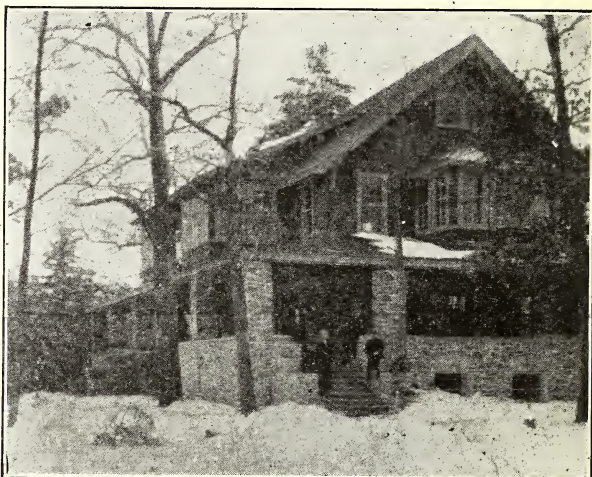
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CLUB HOUSE.

EIGHT BUILDINGS thoroughly equipped and built expressly for the treatment of tuberculosis (pulmonary, post-operative and closed surgical cases). Each sleeping-room is open on two sides, faces the south and opens into warmed dressing-rooms by doorways wide enough to pass beds without disturbing the occupants. Situated in a beautiful 25-acre park, removed from the noise and dust of travel. Physician constantly in attendance. Nursing by graduates with special training and chosen for temperamental as well as professional qualifications. Auxiliary tuberculin treatment in selected cases. The diet is carefully supervised and is designed to tempt the appetite to the utmost. The sanatorium is characterized by a more intimate association of the medical director with his patients than is common—by the attempt to win patients to a realization of the attractiveness of a hygienic life, and away from the habits and attitudes that have been responsible for the disease. **Rates:** \$25 to \$30 per week include all “extras” except personal laundry.

REFERENCES AND FURTHER INFORMATION ON REQUEST.

....., 1908.

RUSH MEDICAL COLLEGE, Wood and Harrison Streets, Chicago.

Please make reservation for.....at the Annual Theater Party, for which find enclosed \$....., at \$1.00 per seat, La Salle Theater.

Also for.....at the Class Reunion Dinners, Class of, Sherman House. Dinner a-la-carte.

Also for Annual Business Meeting and Smoker, number of places Pay \$1.00 at the door.

Also forat the Annual Graduating Class, The Commons, University of Chicago, tickets \$1.50 per plate, for which please find enclosed \$.....

Total amount enclosed.....

***DISPOSITION.**

- (1) Send the tickets to the address below.
- (2) Keep them at the College.
- (3) Have them at the place of meeting for me.
- (4) Have them at the College Headquarters (Auditorium Hotel).

Remarks.....

Name

Address

Year.....

If sending personal check on bank outside of Chicago, Milwaukee or New York please enclose exchange.

* Note.—Underline the form of disposition best suited to your arrangements.

The Bulletin

OF THE ALUMNI OF RUSH MEDICAL COLLEGE

Published Monthly

JUN 20 1908

Volume IV	JUNE, 1908	No. 10
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B. M. LINNELL, Editor	- - - -	100 State Street, CHICAGO, ILL.
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OFFICERS:

PRESIDENT—A. I. Bouffleur, '87,	Chicago, Ill.
FIRST VICE-PRESIDENT—C. W. Leigh, '83	- - - - Chicago, Ill.
SECOND VICE-PRESIDENT—R. C. Warne, '87	- - - - Mitchell, S. D.
THIRD VICE-PRESIDENT—W. D. Colvin, '95	- - - - Fort Wayne, Ind.
NECROLOGIST—O. S. Ormsby, '95	- - - - Chicago, Ill.
SECRETARY—B. M. Linnell, '93	- - - - Chicago, Ill.
TREASURER—David Fiske, '00	- - - - Chicago, Ill.

EXECUTIVE COMMITTEE:

TO BE APPOINTED.

FELLOWSHIP COMMITTEE:

TO BE APPOINTED.

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The Paid Membership of the Association is Now 862.

COMMENCEMENT EXERCISES.

Commencement exercises, Rush Medical College, June 5, 1908, were held at Mandel Hall, University of Chicago.

After the processional a prayer was made by the commencement chaplain, Rev. Samuel Martin Gibson.

The **RIVERSIDE SANITARIUM** *of MILWAUKEE, WIS.*



For the Care and Treatment of Mild Mental and Nervous Diseases.

A perfectly Modern and Elegantly Appointed Institution for the Treatment of Nervous Maladies. Modern Buildings; Ideal Location. Fully equipped with all Hydropathic and Electrical Apparatus. Perfect Segregation. Meets every professional requirement.

FRANK C. STUDLEY, M.D., Supt., Menlo Park, MILWAUKEE, WIS.

The following candidates received the degree of Medicinæ Doctor:

Barber, George Stanley*
Carter, Ralph Merle*
Darling, Walter Gregory*
Dicker, Willard Woodard*
Elliott, Addison Eugene*
Fishman, Casriel J.*
Fredrickson, Frederick Olaf*
Gerdine, Lynn van Horn
Gilfillan, Margery Jane*
Gomez y Pineda, Liborio
Gradle, Henry Searles*
Green, John Winston
Griffith, Charles Allen*
Hovde, Carl Herman Rieber*
Jackson, Leila De Ette
Johnson, George Thompson*
Karasek, Matthew*
Kaufmann, Gustav Leonard*
Levitas, Isaac Edward
Lindeblad, Carl G.*
Lord, Arthur Evarts*

Meigs, Grace Lynde*
Murphy, Edwin Ray*
Nichols, William Crane*
O'Connell, George Gansey*
Olson, Frederick Adolf*
Osborn, John McIntyre
Parsons, Forest Lee*
Riley, Floyd Burke*
Roberg, David Nathaniel*
Rosholt, Albie Jens*
Ross, Mary Sophia*
Rowe, Lee Ballou*
Saam, John Gustave*
Sachse, William Gustavus*
Saylor, Herbert Bittner*
Scott, Garland Dix*
Scott, Orlando Frank
Sims, Harry Wilbur*
Speidel, William Charles*
Spencer, Harry Stillman Wilcox*
Strauss, Alfred Adolf*

Dr. Fred E. Ewing, Interne in the Presbyterian Hospital, Chicago, received the degree of Medicinæ Doctor cum laude. His thesis

*The asterisks are affixed to the names of those members of the class who have gained prizes or secured positions by competitive examination and appointment as internes in hospitals.

was "The Blood Changes Incident to Surgical Anesthesia: A Clinical and Experimental Study." This is the first time this degree has been conferred for a new fifth year of medical training in a hospital under the supervision of the faculty. We hope that many in the future will avail themselves of this fifth year. The degrees were conferred by Dean Billings.

The following awards of Fellowships, Prizes and Honors were then announced:

The Alumni Fellowship in Pathology—DAVID J. DAVIS, B.S., M.D.

The Fellowship in Pathology—DAVID NATHANIEL ROBERG, M.D.

The Dane Billings Fellowship in Medicine—

EDWARD C. ROSENOW, M.D.

The Nicholas Senn Fellowship in Surgery—

EVARTS AMBROSE GRAHAM, A.B., M.D.

The Benjamin Rush Medal—FLOYD BURKE RILEY, A.B., M.D.

Honorable Mention—LIBORIO GOMEZ Y PINEDA, S.M., M.D.

The J. W. Freer Medal and First Prize—

HERBERT MARCUS GOODMAN, S.M.

The J. W. Freer Second Prize—BENJAMIN BRAUDE, S.B.

The L. C. P. Freer Medal and First Prize—DAVID DUKE TODD, S.B.

The Daniel Brainard Medal—ROSWELL TALMADGE PETTIT.

The De Laskie Miller Prize—ALFRED ADOLF STRAUSS, S.B., M.D.

The address was delivered by Dr. Frank Wakley Gunsaulus, D.D., LL.D., Principal of the Armour Institute and Pastor of the Central Church. His address was a very fine presentation of the development of character in a physician.

After the benediction a short time was spent in social intercourse before the banquet.

MINUTES OF THE MEETING OF JUNE 2, 1908, OF THE RUSH MEDICAL COLLEGE ALUMNI ASSO- CIATION.

The annual business meeting of the Alumni Medical Association of Rush Medical College met at the Sherman House, Tuesday, June 2, at 8 p. m. The meeting was called to order by President J. H. W. Meyers, '76. On roll call by classes there were found to be present 293. The oldest class represented was 1854, by Dr. J. W. Edwards, Mendota, Ill.; 1857, Dr. Hill, Pine Island, Minn.; 1860, by Dr. Baker. The largest representation was of the class of '96, who had 24 present. This roll call was early in the evening, and others came in later, so the number was finally near 350.

Through an error the minutes of the last meeting were not read. They will be read at the next meeting.

The report of the Secretary was read by B. M. Linnell, '93. It was ordered received and filed.

The report of the Treasurer was read by David Fiske, '00. An auditing committee, consisting of Drs. Graham and Ingals, was appointed to audit the books.

The report of the Executive Committee was given by Dr. A. I. Bouffleur. It was verbal, brief and was outlined in the Secretary's report. It was ordered adopted.

The report of the Fellowship Committee was given by George H. Weaver, '89. It was ordered to be received and filed.

The Committee of Alumni Relations reported through Dr. J. W. Pettit, verbally. The report was approved and the committee continued.

The report of the necrologist was read by Dr. Craig and Dr. Pettit and ordered filed and published.

The Auditing Committee reported the Treasurer's accounts correct and moved that they be adopted and filed. This was carried.

There was no unfinished business.

It was moved by Dr. Bouffleur and seconded that \$25.00 be allowed for the clerical work in the Secretary's office during the past year. It was carried.

The Nominating Committee was then appointed, consisting of one member of each class present.

The Nominating Committee then retired and lunch and cigars were served. The quartet from the class of '02 sang during the intermission. After the intermission the report of the Nominating Committee was received. The officers nominated, as reported by the Chairman, Dr. John Edwin Rhodes, '86, are as follows:

President—A. I. Bouffleur, '87, Chicago, Ill.

First Vice-President—C. W. Leigh, '83, Chicago, Ill.

Second Vice-President—R. C. Warne, '87, Mitchell, S. D.

Third Vice-President—W. D. Colvin, '95, Fort Wayne, Ind.

Necrologist—O. S. Ormsby, '95, Chicago, Ill.

Secretary—B. M. Linnell, '93, Chicago, Ill.

Treasurer—David Fiske, '00, Chicago, Ill.

It was moved and seconded that the report of the Nominating Committee be adopted and the Secretary be instructed to cast the ballot of the Association for the officers as nominated by the committee. Carried. The Secretary then cast the ballot of the Association for the officers as nominated by the committee.

Dr. Davis, '06, the Fellow of the Alumni Association, gave a summary of his work during the year.

Dr. Bouffleur, the newly elected president, was then called to the chair and made a brief address.

Talks were made by the following members of the faculty: Drs. Billings, Bevan, Dodson and Graham.

It was moved by Dr. Dodson and seconded that Dr. D. W. Gra-

ham, Professor of Clinical Surgery, Rush Medical College, be made an honorary member of the Association. It was unanimously carried.

The reports of the officers, committees and fellow will appear.

The meeting then adjourned.

REPORT OF THE TREASURER OF RUSH ALUMNI ASSOCIATION.

Balance on hand, Sept. 1, 1907.....	\$ 163.26
Received from dues and Fellowship fund.....	1,167.25
Received for advertising.....	180.00
Received from College-Bulletin Expense.....	474.91

Total	\$1,985.42
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Total expense Bulletin.....	\$1,554.41
Transferred to Fellowship fund.....	139.35
Balance in bank.....	291.66

Total	\$1,985.42
-------------	------------

Bills collectable	\$.....
Due from advertising.....	142.00
Due from college.....	116.00

Total	\$ 258.00
-------------	-----------

Cash from Dr. Weaver for Fellowship fund.....	\$ 340.15
Cash transferred to Fellowship fund.....	139.35

Total	\$ 479.50
-------------	-----------

Expense account—Dr. Weaver.....	\$ 40.00
Balance on deposit.....	\$ 439.50

DAVID FISKE, *Treas.*

SECRETARY'S REPORT.

The activities of the Alumni Association this year have been along lines suggested by the meeting of last year, namely, a continuation of the Fellowship and putting it on a firm basis, the enlargement of THE BULLETIN and an increase in the number of issues, a continuation of the State Reunions, an increase in the paid membership of the Association, and the arrangements for a large annual meeting this year. We believe the affairs of the Association were never in a more prosperous condition than they are at the present time.

THE BULLETIN has appeared ten times during this last year, it has been enlarged to 16 pages and one issue contained 20 pages. We have not had the advertising that we expected, but have been able to pay expenses so far. We hope in another year that our advertising will increase so that it will not be necessary to call upon the College for any assistance. Each issue has cost about \$120 and we have had two and one-half pages of advertising a part of the time. Another year it is hoped a cover might be added which will increase the size to 20 pages. The character of the matter published has been during the past year as follows: Clinics, College Notes, Alumni Notes and biographical sketches. We would suggest that another

year an effort be made to publish a list of all of the publications of the Alumni. We would also suggest that a department of therapeutic notes be added, giving especially in outline the therapeutics as practiced in the College Clinics, Dispensary Clinics and the Presbyterian Hospital. We would recommend that there be a continuation of the separation of the offices of Secretary and Treasury.

The State Reunions have not received so much attention from the Alumni Association as heretofore, on account of the efforts being concentrated on this annual meeting. We believed it to be so important that all of our efforts were used in making it a success. Preparations for the meeting next year, however, should go on as usual and should be in the hands of the Committee of Alumni Relations of which Dr. Pettit is Chairman.

The two weeks clinics have been arranged for and promise to be well attended this year. We still believe that this should continue to be a feature of our annual meetings at commencement time.

The Secretary wishes to report the largest paid Alumni membership list within its history. Counting the contributions to the Fellowship Committee where we allow a year's dues to those who have paid one dollar or more, we now have a membership of 807. This increase in membership we believe is due to the awakened interest of the alumni in our Alma Mater. This has been brought about first, by THE BULLETIN, which has appeared oftener this year than last; second, by the growing interest in the college, especially the changes which are taking place.

Alumni headquarters have been established at the Auditorium Hotel with the headquarters for the other Alumni. We have a paid attendant looking after the interests of the Rush Alumni. Appointments can be made here, mail can be left and information about the affairs at Rush and the University can be had.

We have a stenographer present at this meeting who will make an accurate report of the meeting for the BULLETIN; this is one of the requests of our President, Dr. Meyer.

The Secretary has prepared a program of subjects to be discussed at this meeting and these were published in the May number of THE BULLETIN. I repeat it now so as to recall it to your mind.

The Fellowship Fund and Appointee.

THE BULLETIN.—Shall we continue its publication? Shall there be 12 numbers instead of 10 as this year? Shall it be enlarged? What shall be the character of the matter published; clinics, college notes, alumni notes, biographical sketches, publications of alumni, therapeutic notes, etc.? How shall the business be conducted: advertisements, alumni dues, therapeutic notes, etc.? How shall the business be conducted: advertisements, alumni dues and relation to college, separation of the business from the editorial departments, etc.?

The membership, dues, ways and means of increasing the membership.

The Annual Meeting.—Shall it be a dinner as heretofore, or at a smoker, as at this time?

B. M. LINNELL, *Sec'y.*

REPORT OF THE FELLOWSHIP COMMITTEE OF THE
ALUMNI ASSOCIATION OF RUSH MEDICAL
COLLEGE AT THE ANNUAL MEETING,
JUNE 2, 1908.

At the time of the annual meeting, June 11, 1907, there was \$170 in the treasury to the credit of the Fellowship Fund. During the preceding year no fellow had been at work because of lack of funds. No special effort had been made to collect money, because we had hoped that some of the funds collected as dues might be used for this purpose. At the meeting the Fellowship Committee was instructed to raise funds for the fellowship aside from the dues. Acting under these instructions, the required \$400 was secured by Nov. 1, 1907. In the meantime Dr. D. J. Davis had been engaged to act as alumni fellow for the year, and he will report upon the results of his work at this meeting.

In order to assure a greater permanency to the fellowship, your committee also undertook to secure pledges for two years in advance. The amount required to be pledged in order to make the pledges hold good was placed at \$500. The committee is happy to report that pledges have been secured for over \$500 for each of the two coming years. It is believed that the excess will pay the expenses incident to making the collections, leaving \$500 to be paid the fellow. The work of collecting the pledges for the first year is well advanced, and we shall be able to start our fellow again with money in the bank to pay his salary.

The committee would suggest that in connection with the collection of the pledges for next year also new pledges for two following years be secured, thus placing the fellowship upon a permanent basis and avoiding a vacancy for a year, as has occurred on two former occasions.

The committee suggests that the committee now elected be instructed to make the collections and secure the pledges as above outlined.

We are of the opinion that the salary of our fellow should be increased as rapidly as possible to \$600. For the present THE BULLETIN demands for its continuance and growth the entire amount secured from dues. With an increased income from advertisements, etc., the Association may be able to take care of the fellowship from its general income. Until this can be done we are sure the alumni will be glad to pay this as a special contribution aside from the regular dues, as they have done heretofore.

Respectfully submitted,

GEORGE H. WEAVER, *Chairman.*

ANNUAL MEETING AND CLASS REUNION.

Our headquarters at the Auditorium were taken care of by one of the students and Dr. Swift, of the College, and the Secretary. A great many of the Alumni visited headquarters which were with the other Alumni, and 154 registered. We found this of some convenience, especially in the giving out of information in regard to the various functions.

The theater party on Monday night was well attended by the Class and Alumni and members of the Faculty. Dr. Bailey, of Iowa, was especially conspicuous in the front seat in the front box, but it is to be said that this was probably the only seat left for Dr. Bailey, who secured his ticket at the last moment. Drs. Wells and Weaver, of the Faculty, were present, O'Malley with his smiling face, and many other alumni, the class, and the office force of the college, and all had a good time.

On Tuesday evening at the Alumni reunion and smoker following, all records were broken. We were simply overwhelmed. Up to 5 o'clock we had received notice of about 150 who intended to be present at the reunion dinner and smoker. Places had been arranged for the classes who had signified their intentions of being present and a few more places added, but when it came time to sit down to the table there must have been three men for every place reserved. We filled up the reserved tables at the College Inn and all the other tables that could be found, then the overflow came up into the Dutch room of the Sherman House, and this was filled and about 25 or 30 had to go to the Union Restaurant in order to get something to eat. This was a great occasion and probably there will never be anything like it again. but another year things will be arranger for even a surprise like this.

At 8 o'clock a jolly crowd of Alumni gathered for the annual business meeting, and the wisdom of our selecting a smoker for this meeting was well demonstrated. As we had heard from about 150 we found it practicable to provide for 300, but even this number was exceeded, and there were between 350 and 400 present. Some may have been a little short on lunch, but the evidence was general of a good time. We are not mind readers, and long ago gave up trying to guess how many would be present at our meetings. Heretofore the Association has always lost money at these dinners, and this time it has made some money, and an accurate accounting of this will appear in THE BULLETIN. The enthusiasm was fine, especially in the welcome which was given to the older classmen who appeared this year in larger numbers than ever. The Faculty men present were given great ovations. We hope that every meeting may be as well attended, but if there is as much enthusiasm the next meeting some arrangement will have to be made for conducting the ordinary dry business of the Association. It was sim-

ply impossible to introduce anything that was of a *dry* nature. Wednesday and Thursday were given up by the Alumni to the attendance of the meetings of the A. M. A.

On Friday at 6:30 o'clock the commencement exercises of the College, with the annual banquet of the Faculty following, was held. The program of the commencement exercises appears in another part of this BULLETIN. The dinner in point of speakers and a general good time was a great success.

Dr. Bevan made a graceful and dignified toastmaster, and his interest in the subject of medical education gave us a topic for the evening. Dr. Hyde's toast was a model of a polished and beautiful after-dinner speech. The class speaker, Dr. Strauss, spoke in an unusual and comprehensive manner for so young a member of the profession on the subject of medical education, giving the viewpoint of the class just graduated. Dr. J. B. Murphy spoke very feelingly of his connection with the college and his coming separation from the faculty. He paid a splendid tribute to the Dean and the college and his colleagues. Professor Angel, of the university, made a very learned, witty and significant speech in regard to the relationship between the university and the college.

The dinners in the University Commons are always well served, well cooked and made more enjoyable in such a beautiful room with its classic architecture and fine decorations. The Class of '02 added greatly to the occasion with the singing of their quartet. This quartet consists of Drs. Sonnenschein, Hoyt, Brainbridge and Hassett. The latter two men, who were out of town, were substituted for by professional talent.

STATEMENT OF EXPENSES OF THE SMOKER.

There was taken in at the door \$320 at \$1.00 each. The expenses totaled \$208, divided as follows: Room and service, \$50; lunch and refreshments, \$143; expenses of Alumni Headquarters (estimated) \$15. We had made preparations for about 300, and this would have cost us about \$160. If only those from whom we had heard came to the reunion we would have lost money. In view of the past losses at the Alumni dinners, which, by the way, to the present time amount to just \$100 for the last three years, we did not feel justified in charging less than \$1.00 for this meeting. The Auditorium Hotel wanted \$1.50 per head for just what we had for \$1.00. Other clubs paid as high as \$2.00 for the same lunch and privileges. Fortunately we came out ahead and now if those who paid their dollar do not feel satisfied we would like to make the following propositions: First, return 30 cents to whoever was at the dinner and applies; second, apply the amount to whatever account you may designate, i. e., dues, fellowship fund or

general fund; third turn over the money to the general fund of the association to be invested as the Executive Committee may see fit. We would be pleased to hear from those who were at the smoker and get their views on the subject.

NECROLOGIST'S REPORT.

A. L. CRAIG.

Mr. President and Fellow Alumni: Since our last meeting of one year ago, 56 members of our Association have ceased their earthly labors and have gone to their reward.

It will be noticed that their deaths were due in but few instances, to acute diseases. Five died from pneumonia; nine from heart disease; three from cerebral hemorrhage; two from paralysis; two from Bright's disease—both past 70—and two from angina pectoris; all chargeable to diseases of the circulatory system, as their ages averaged over 60 years. Three from cancer; three from tuberculosis; one from disease of the liver; one from suicide; one from appendicitis; one from strangulated hernia, and a number not given.

The average age was 52½ years. The oldest alumnus was 83—five had passed 80, and the youngest was 30 years of age.

Henry Townsend Brown, supposed to be the last surviving member of his class of 1850, is numbered among the departed; age, date of death and cause, not known.

Included in our report of this year will be found short obituaries of our deceased teachers dating back to the founding of Rush Medical College.

This innovation was decided upon after consultation with and the approval of several members of the faculty. The members of the faculty should be considered fellow alumni because of the relationship they sustain to us as teachers.

It was found quite impossible in some instances, to secure complete data concerning the lives or even the cause or date of death of some of those whose names are mentioned.

Our alumni has reason to be proud of the galaxy of eminent teachers who have made "Old Rush" one of the greatest institutions of medical learning of America, and we should congratulate ourselves, that in the choice of our Alma Mater we have chosen so wisely and well.

"ALUMNI OF RUSH."

JOSEPH L. PRENTIS, M.D., Rush '66; for thirty years a practitioner of Canon City, Colo., died at Seattle, Wash., May 31, 1907, from heart disease after a long illness; aged 65.

ARCHIBALD R. SMALL, M.D., Rush '74; a member of the American Medical Association, died at his home in Chicago, June 21, 1907, from disease of the liver after an illness of two months; aged 56.

LAUREL E. ROBINSON, M.D., Rush '74; for five years a hospital steward in the Army; died at his home in Clyde, Ohio, June 17, 1907, from cerebral hemorrhage.

HARVEY B. DALE, M.D., Rush '87; Chicago Homeopathic College '88; for several years a member and president of the Board of Education of Oshkosh, Wis.; some time city physician and health commissioner and a member of the State Board of Medical Examiners in 1895; died at St. Mary's Hospital, Oshkosh, June, 1907, a week after an operation for appendicitis; aged 43.

CHRISTIAN E. BURKHOLDER, M.D., Rush '99; of Jacksonville, Ill., a member of the Illinois State and Morgan County Medical Societies, died at Our Saviour's Hospital, Jacksonville, July 28, 1907, two days after an operation for strangulated umbilical hernia; aged 31.

AMASA E. FIELD, M.D., Rush '95; a member of the Illinois State and DuPage County Medical Societies; died at his home in Warren, Ill., Aug. 23, 1907, from tuberculosis after an illness of more than two years; aged 48.

CHARLES J. SORSEN, M.D., Rush '98; of Calumet, Mich.; founder and proprietor of the Northern Michigan Hospital Laurium, which was afterwards known as Dr. Sorsen's private hospital; a member of the Michigan State and Houghton County Medical Societies, who was married in London, Eng., Aug. 26, 1907, died in that city Sept. 1 from heart disease; aged 37.

HENRY A. FRITCHER, M.D., Rush '75; formerly of Buffalo and Tonawanda, N. Y.; died in the Masonic Home, Utica, N. Y.; aged 64.

CHARLES EDWIN BOOTH, M.D., Rush '70; a member of the American Medical Association, superintendent of the Northern State Hospital for the Insane, Winnebago, Wis., from 1888 to 1891; a member of the legislature from 1876 to 1877; district surgeon of the Chicago & Northwestern Railway from 1878 to 1885; chief surgeon Lewmoor, Iowa county, from 1892 to 1896; in charge of a private hospital at Escanaba, Mich., from 1896 to 1901. At the time of his death, surgeon of a turpentine manufacturing company at Gay, Fla.; died at the home of his brother in West Colesville, N. Y., Sept. 9, 1907; aged 67.

HANS M. BECK, M.D., Rush '83; a member of the American Medical Association; for twenty-five years district surgeon of the Milwaukee & Northern road, and for a number of years a member of the United States Board of Pension Examiners; died at his home in Green Bay, Wis., Sept. 21, 1907, from cancer of the stomach; aged 52.

SAMUEL G. IRWIN, M.D., Rush '63; one of the oldest practitioners of Crawfordville, Ind., died at the home of his son in Champaign, Ill., Sept. 29, 1907, from senile debility aggravated by a fracture of the hip received six years before; aged 82. The members of the Montgomery County Medical Society attended the funeral in a body.

PROSPER HARVEY ELLSWORTH, M.D., Rush '61; a member of the American Medical Association; one of the most prominent practitioners of Hot Springs, Ark.; Major-Surgeon of the One Hundred and Sixth Illinois Volunteer Infantry during the Civil War; president of the medical board of pension examiners, died at his home in Hot Springs, from disease of the stomach after several months illness; aged 69.

RICHARD S. SEVIN, M.D., Rush '02; formerly a practitioner of Peoria, Ill., threw himself from a window in the fifth floor of a hospital at St. Louis, Oct. 4, 1907, while mentally unbalanced from drug addiction, and was instantly killed; aged 30.

WILLIAM SCOTT PICKENS, M.D., Rush—year not given—of Indianapolis, Ind., died at the Deaconess Hospital in that city, Sept. 6, 1907, from dysentery after an illness of two or three weeks; aged 59.

PLEASANT WINSTON MENDENHALL, M.D., Rush '73; died at his home in Jasonville, Ind., Oct. 23, 1907, after a short illness; aged 65.

WILLIAM LINCOLN DOWNING, M.D., Rush '86; a member of the American Medical Association, State Medical Society, Illinois, Iowa, Missouri and Des Moines Valley Medical Association; local surgeon of the Chicago, Burlington and Kansas City and Wabash Railways at Moulton, Ia.; died at a hospital in Chicago Nov. 2, 1907, after an illness of six weeks; aged 45.

JAMES LEDDIE ADAMS, M.D., Rush, '02; of Chicago. A member of the Illinois State and Cook County Medical Societies; died at the Baptist

Hospital, Chicago, Dec. 3, 1907, from endocarditis, after an illness of four weeks; aged 29.

FRANCIS MARION CRUM, M.D., Rush '92; a member of the American Medical Association, and Vice President of the Pike County, Illinois, Medical Society, died at his home in Pittsfield, Ill., from heart disease, Dec. 6, 1907, after a long illness; aged 45.

WILLIAM A. GORDON, JR., M.D., Rush '03; a member of the American Medical Association; assistant surgeon in the Wisconsin National Guard; a member of the Association of Military Surgeons of the United States and a life member of American National Red Cross; died from pneumonia at his home in Oshkosh, Wis., Dec. 10, 1907, after an illness of one week, aged 31.

JOHN C. CONNOR, M.D., Rush '78; died suddenly at his home in Buffalo, Ill., Dec. 12, 1907.

JULIUS W. OSWALD, M.D., Rush '87; a member of the American Medical Association; chief surgeon on the staff of Alexian Brothers Hospital, Chicago, and surgeon to the Maurice Porter Hospital; died at his home in Chicago, Dec. 5, 1907, from paralysis, after an illness of four years; aged 44.

ROBERT N. S. BORGER, M.D., Rush '68; a veteran of the Civil War, during which he served as hospital steward; died at his home in Hopedale, Ill., Dec. 19, 1907, from cerebral hemorrhage, after an illness of three years; aged 65.

BUXTON HARRIS, M.D., Rush '59; surgeon in charge of the Eighteenth Army Corps, Base Hospital during the Civil War; died at his home in Aurora, Ill., Dec. 25, 1907, after a short illness; age 83.

LYMAN J. RHODES, M.D., Rush, 1891, of Fond Du Lac, Wis.; a member of the Wisconsin State and Fond Du Lac County Medical Societies; died in White Pigeon, Mich., Dec. 25, 1907; aged 47.

CHARLES HENRY TAYLOR, M.D., Rush '03; a member of the American Medical Association, and one of the best known of the younger practitioners of South Bend, Ind.; formerly superintendent of the LaGrange (Ind.) high school and a member of the faculty of the State Normal of Wisconsin; died in the St. Joseph Hospital in South Bend, Jan. 8, 1908, of pneumonia after an illness of five days; aged 38.

EDWARD WARNER GEE, M.D., Rush '89; of Zanesville, Ohio; a member of the Ohio State Medical Association and Muskingum County Medical Society; while making a professional call near Zanesville, was struck by a freight train and instantly killed; aged 38.

CHARLES W. RUSSEL, M.D., Rush 1870; township trustee; died at his home in Riley, Ind., Jan. 16, 1908, after an illness of eight months; aged 63.

HENRY D. ROUHLER, M.D., Rush 1900, of Chicago; a member of the Illinois State and Cook County Medical Societies. Assistant obstetrician in the Lying-in Hospital in Chicago; attending obstetrician at the Englewood Hospital and demonstrator of operative obstetrics in the Northwestern University Medical School; died Jan. 30, 1908, at the Englewood Hospital from septicemia contracted in the course of his professional work; aged 32.

JOHN H. TYLER, M.D., Rush 1857; a member of the Illinois State and DeWitt County Medical Societies. A member of the legislature and twice state senator; died at his home in Clinton, Ill., Jan. 25 from heart disease, after an illness of eleven weeks; aged 80 years.

HIRAM G. WYCOFF, M.D., Rush '68; a veteran of the Civil War and for many years a practitioner of California; died at his home in Palo Alto, Jan. 28, 1908, from cerebral hemorrhage, after an illness of three days; aged 67.

BUFORD D. BLACK, M.D., Rush '97; a member of the American Medical Association and one of the most prominent practitioners of New Mexico: died at his home in East Las Vegas from pneumonia, Feb. 6, 1908, after a brief illness; aged 33.

DAVID BIRKHOFF, M.D., Rush 1891; a member of the Illinois State and Cook County Medical Societies and a prominent member of the Hoffman Society, died at his home in Chicago, Feb. 9, 1908; aged 51

SAMUEL JEFFREY AVERY, M.D., Rush '64; a member of the Illinois State and Chicago Medical Societies; died suddenly at his home in Chicago, Feb. 17, 1908, of heart disease; aged 80.

MYRON BRUNDAGE, M.D., Rush 1901, of Shelly, Idaho; a member of the American Medical Association; house surgeon of the Wyoming General Hospital, Rock Springs, from December, 1902, to November, 1903; formerly secretary-treasurer of the Eastern Idaho District Medical Society; died while visiting friends at Nora Springs, Iowa, from valvular heart disease after an illness of one year; aged 35.

WILLIAM C. REEVES, M.D., Rush 1885; for five years surgeon to the Burlington System at Omaha, Neb.; died at his home in Ivesdale, Ill., Feb. 12, after an illness of two weeks; aged 43.

E. HUDSON SOMMERS, M.D., Rush 1880; a member of the American Medical Association, died at his home in Chicago, March 5, 1908, from heart disease after an illness of ten days; aged 58.

RUFUS M. ELLIOTT, M.D., Rush 1860; for twenty-five years a practitioner at Mackinaw, Ill., died at his home in Pekin, Ill., Feb. 15, 1908, from pneumonia, after an illness of one week; aged 70.

HARVEY C. MONY, M.D., Rush '54, of Gilroy—retired; died recently at his home in that place; aged 81.

NORMAN WATSON JUDD, M.D., Rush 1899; from 1898 to 1900, inclusive, a faithful member of the editorial staff of the *Journal*, who was obliged to leave Chicago on account of tuberculosis in 1901, and has since traveled over the west, died in Santa Barbara, Cal., March 7, from tuberculosis; aged 36.

WILLIAM S. BRYAN, M.D., Rush '82; died at his home in Cambridge, Ill., March 5, from pneumonia, after an illness of three weeks; aged 50.

JAMES B. DEVLIN, M.D., Rush '79; a member of the Colorado State, Denver City and County Medical Societies; examining physician for the Denver & Rio Grande Railroad; died at his home March 14, from pneumonia after a short illness; aged 55.

JOHN B. HUMES, M.D., Rush '67; one of the oldest practitioners of the Minnesota Valley, died at his home in Winnebago, Minn., from angina pectoris, March 9; aged 71.

WILLIAM H. N. PHILIP, M.D., Rush 1881; a member of the American Medical Association, and one of the pioneer practitioners of North Dakota, died at his home in Hope, N. D., March 13; aged 55.

CLEMENT VENN, M.D., Rush '87, of Chicago. A member of the staff of the Central Free Dispensary; died at his home in Chicago, March 23, from injuries received March 8, in a collision between his bicycle and a street car; aged 56.

DAVID M. FINLEY, M.D., Rush 1868; a veteran of the Civil War; died at his home in Cascade, Ia., March 16, from cancer, after an illness of several months; aged 68.

GEORGE T. THOMAS, M.D., Rush '74; of Kansas City, Mo., died at his home in Geneseo, Ill., March 15, from angina pectoris; aged 55.

THOMAS J. ADAMS, M.D., Rush '70; a member of the Indiana State Medical Association and Hendricks County Medical Society; died at his home in North Salem recently from paralysis; aged 70.

HAZEN L. AVERY, M.D., Rush '04, of Los Angeles, Cal., died at Clara Barton Hospital in that city, March 22, from hemorrhage of the stomach after an operation; aged 32.

GEORGE BLAKE GALER, M.D., Rush '72; died at his home in Belmond, Ia., March 20; aged 81.

DAVID LA COUNT, M.D., Rush '56; a member of the American Medical Association; assistant surgeon of the Fourteenth Wisconsin Volunteer Infantry during the Civil War; first president of the Marathon County (Wis.) Medical Society; first physician to the Marathon County Insane Asylum; a member of the local board of pension examining surgeons, and local surgeon for the Chicago, Milwaukee & St. Paul and Chicago & North-Western railways; died at his home in Wausau, April 12, from cancer of the sigmoid flexure, after an illness of seven years; aged 79.

ALFRED M. GOLLIDAY, M.D., Rush '60; a rich recluse of Bedford, Ia., was found dead in that place April 23; aged 76.

WILLIAM HENRY EARLES, M.D., Rush '80; a member of the American Medical Association, dean and professor of surgery in the Medical Department of the Marquette University, Milwaukee Medical College; one of the founders and surgeon to Trinity Hospital; editor of the Milwaukee Medical Journal, and one of the prominent practitioners of Milwaukee, died suddenly at his home, April 28, from cerebral hemorrhage; aged 55.

At a meeting of the combined faculties of the Medical, Dental and Pharmaceutical Departments of Marquette University, held April 29, tributes of affection and respect were paid, and it was decided to raise a fund for the erection of a bust of Dr. Earles to be placed in the college.

JAMES EVANS, M.D., Rush, '55; a member of a number of medical societies and surgeon during the Civil War. He passed through epidemics of Asiatic cholera and three or four of smallpox. He lived a long and very active professional life and died of uremic poisoning at his home in Springfield, Mo., March 17, 1907; aged 78.

HENRY TOWNSEND BROWN, M.D., Rush '50; died at McHenry, Ill. He was thought to have been the last surviving member of his class—cause, and date of death and age not known.

ARCHIBALD E. MEDILL, M.D., Rush '99; died at his brother's home, Persia, Ia., from tuberculosis after a lingering illness, on Oct. 19, 1907; aged 29.

J. C. KILGORE, M.D., Rush '69; a member of the American Medical Association, Illinois State Medical Society and Military Tract Medical Society; served as a private in the Civil War. He was engaged in active practice up to the date of his last illness; his death was due to septicemia, caused by a wound received in making an autopsy Feb. 26, 1907, dying ten days later at his home in Monmouth, Ill.; age unknown.

BENJAMIN F. BROWN, M.D., Rush '67; a member of the Illinois State Medical Society; served during the Civil War as a private; was engaged in active practice at Pulaski, Ill., up to the date of his last illness. He died from Bright's disease at his home, Jan. 15, 1907; aged 71.

JOHN H. TYLER, M.D., Rush 57; a practitioner of prominence, died at the home of his son, A. J. Tyler, M.D., from dilatation of the heart; aged 80.

JOSEPH E. SENSON, M.D., Rush '78; died at his home in Tipton, Ia., after a long period of semi-invalidism; aged 56.

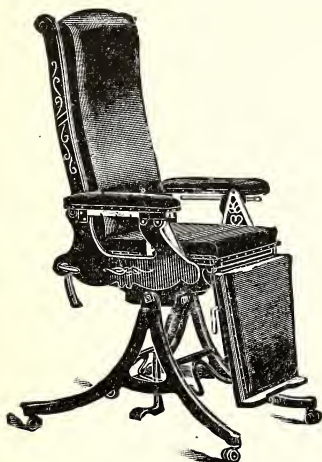
(To be continued.)

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REFERENCES AND FURTHER INFORMATION ON REQUEST.

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